hin o	огрозц	Le	linite					NT OF HEALT			18	49	8148
,uc				ME	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dis	t. No.	4
тетор		1. 1	PLACE OF DEATH	* 300	3	MARYL	NID	2. USUAL RESIDENCE (sed lived. If instit b. COUN		ce before o	
Ď.	- 7	E		Allegany outside corporate limits, write	RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (porote limits, write			
6	1)		Cumbe	rland		37 days		Flints	stone				y
	67	0				pital, give street address)		d. STREET ADDRESS					S RESIDENCE
A				Heart Ho					1				NO I
Istro		1	NAME OF DECEASED Type or print)	Fin	Ť	Middle		Last	4. DATE OF DEATH	Mon		Day	19 56
20 B		5. 5		Mattie	7. MARRIE	E. NEVER MARRIED	1 8.	ASh DATE OF BIRTH	1 Dentil	9. AGE (In years	IF UNDER 1		NDER 24 HRS.
Ē			female.	white	WIDOWE			lav. 5-1874		80 yrs.	Months D	ays Hou	es Min.
		100	USUAL OCCUPATI		done 10b. K	IND OF BUSINESS OR IN	IDUSTI	RY 11. BIRTHPLACE (State	e or fareign s	country)	12. CITIZ	EN OF WH	AT COUNTRY
1	1	L	Housew	fe	10	wa Kome		Chaney	sville	e,Pa.	U.	S.A.	
		13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
3		15		eph Adams	CEC3 14	SOCIAL SECURITY NO.	17 IB	Barba:	ra Be	CK Addres			-
D T	0		no, or unknown)	(If yet, give war or dates of	service)				t Hegs				
	T	H	18. CAUSE OF DEA	TH [Enter only one cou		none for (a), (b), and (c),	50	cred Hear	L HOS	DI CHI L	ecoru	INTERVAL BE	TWEEN
Secial				TH WAS CAUSED BY	3.5	ocardial	fai	lure				Grad	
is i			443×	DUE TO								sev	veral
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3		NO						OT RELATED TO THE TERA	WINAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
	0	ICAT	Frac	cture, neck		right fem						YES	NO M
		CENTIF	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	USE WAS INTRIBUTING CAL.	b. DESCRIBE	E HOW INJURY OCCURR	ED. (E	nter nature of injury in Po	ort I or Part II	af item 18.)			
		DICAL	20c. TIME OF INJL		r 20d. ا While		Foots	CE OF INJURY (Home, for ary, street, office bldg., et	m, 20f. (Cit	y or tawn)	(Cour	ity)	(State)
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					-			ve, held an Autop			And the last	k, an	d find the
			death resulted	d from: Natural	couses E	, Accident [],	2010	cide [], Homicid	ie [_], U	ndetermined	couse [_].		
	200		ACTUAL SIGNATURE	1. U.Dan	receive	9 111-2		CHIEF MEDICAL I	EXAMINER [1		DA	TE SIGNED
9 -	100		7		7	/		ASSISTANT MEDI	CAL EXAMINI	ER 🔲			
MOM		L	EXAMINER'S NAME (Type)	I.V.Demins	M.D			DEPUTY MEDICAL	L EXAMINER	oct.	22-19	56	
200		220	BURIAL, CREMATING REMOVAL (Specify		-	22c. NAME OF CEMETER	Y OR	CREMATORY		ATION (City, town,	**		State)
		1	FUNERAL DIRECTO		00	ADDRESS I OO	F C		Flint	stone.	Maryla	nd	
E(5)	134							11/21	2/ 10	7/ 7/A	D Die	TATORE	MI
5)	1	Fo	mi J. na	ier, cumbe		. Maryland		(DATE/	· de 19	161/15	11600	un,	0/1-00
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10/28/56

Silcox

23. FUNERAL DIRECTOR'S SIGNATURE

Lee

Mt. Olive Ceme

ADDRESS

Cumberland, Md

Reg. Dist. No.

e. 15 RESIDENCE ON A FARM?

YES NO

Year

Allegany

-Moh.	DEATH	Octobel		2	1	9 56
F BIRTH		9. AGE (In years	-	YEAR	IF UNDE	R 24 HRS.
t 23, 1	886	70 yrs.	Months	Days	Hours	Min.
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oture of injury in Po	ort I or Pori	If of item 18.)				
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JURY (Home, farm, t, affice bldg., etc.)	20%, (City	or town)	(County)		(Stote)
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b. COUNTY

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

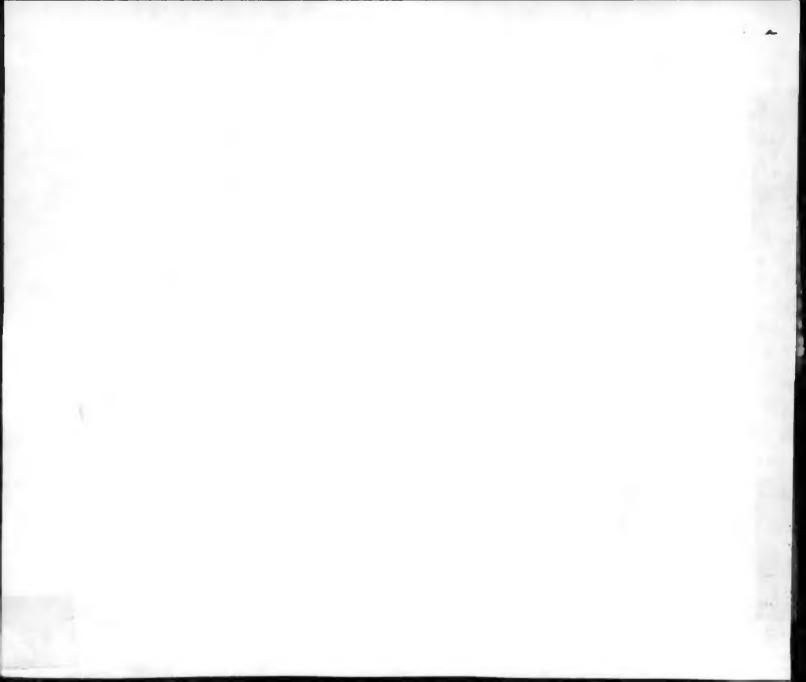
BUREAU V. S.

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2		the state of the s	ENT OF HEALTH—BALTIMORE, 18	
OPY FOR	No	COPY OF MEDICAL EXAM	INER'S CERTIFICATE OF DEATH	ist. No.
HEALTH OFFICE	1. (PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Reside	
	E	b. CITY OR TOWN It ownide corporate limits, write NURAL C. LENGTH OF STAY IN 16 2 YES	Figure 1	
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d street Address 59 Ormand St.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Theodore Frances	Bolt A DATE Month Oct.	4 19 56
	5. 9	6. COLOR OR RACE 7. MARRIET NEVER MARRIED Marriet Divorced Mindowed Divorced	A Long Miles of the	TYEAR IF UNDER 24 HRS. Days Hours Min.
	100	OUSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRING MOST OF WORKING Its even if retired) DINNET—CELLANOSE COPP.OF AM.		S.A.
	-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15	William H.Bolt WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Minnie Groter	*
	[Yes	a no. or unknown) A life on a new mark of detect of control	wife) Frostburg, Md.	
		18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) COPONARY O		Sudden
		Conditions, if any, which gove rise to immediate cause (o), storing the underlying DUE TO	clerosis	?
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FR
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While of work of work of work	ACE OF INJURY (Home, form, tory, street, office bidg., etc.)	unty) (Sicte)
		21, 1 certify that I took charge of the remains described abdeath resulted from: Natural causes [2], Accident [], Su	icide 🔲, Homicide 🔲, Undetermined cause 🔲	y 🚁, and find that
		ACTUAL SIGNATURE HV DEPRING MA	M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []	DATE SIGNED
		EXAMINER'S NAME (Type) H. V. Demine M.D.	DEPUTY MEDICAL EXAMINER M OCT 1-1956	5
	220	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(State)
ISWE(5)	23.	FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home	S Cemetery Frostburg 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	MATURE A
ewe(2)	20		org. Md - purlock-51 July Hall	11 All Fas

ISME(5) 9/55



		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased	lived. If Instituti	on: Residence	before admission
	L	a. COUNIT	Alle	gany	MA	RYLAND	o. STATE	Md.	b. COUNTY	Alle	gany
17 1.		 CITY OR TOWN (19 and give nearest fown)	write RURAL	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	(If outside corpor	ote limits, write R		
		Frostb			ll day	7S		Frost	ourg		
	ľ				pital, give street add	ress}	d. STREET ADDRESS		d+		e, IS RESIDI
	3	NAME OF	s Hospi			I		addock			YES N
		DECEASED (Type or print)	Mar	iah	Middle	Bro	adwater	4. DATE OF DEATH	Oct.	7	Day Year
	5. 3				ED NEVER MARR					FUNDER TYE	17
	F	emale	White				eb.27-186	. 1		Months Day	
	$\overline{}$				KIND OF BUSINESS C				iry)	12. CITIZEN	N OF WHAT COL
		Housewif	e		4		Franksv	ille, Mo	i.	U.S	. A .
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
	L.		er Star					rine Cu	ıster		
7 \		WAS DECEASED EVI	ER IN U. S. ARMED I'f yes, give war or date	FORCES? 16.	SOCIAL SECURITY N		ORMANT		Address		
#)	-	no l	ma Iz		none		ners Hosp	ital re	ecords.		
			TH WAS CAUSED BY		for (a), (b), and (c).]		tio bo-mt	25			NTERVAL BETWEEN ONSET AND DEATH
		(et f , C)	IMMEDIATE CAUSE		T. COLTOR	Tero	tic heart	urseas	se	5	everal
		Conditions, if or		(b)	iyocardia	il in	farction				?
		gave rise to immed (a), stating the a		то							
		cause last.)	(c)							1 2
	CATION	k k					T RELATED TO THE TER		ONDITION GIVE	N IN PART 1	19. WAS AUTO
	FICAI			f righ	t femur,	surg	ical neck	•			YES NO
	L CERTI	20a. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	ALKIBRILING THE	Went	to get u	ip &	er nature of injury in Proff of CO	uch, fel	ll to t	he fl	oor.
. 01	DICA	20c. TIME OF INJUR	RY Month, Day,	Year 20d. I While	NJURY OCCURRED	20e. PLACE	OF INJURY (Home, for, street, office bldg, e	rm, 20f. (Cily or	lown)	(County)) (51
bout	ME	9		1950 at wo	rk 🗌 at work 🕒		Home	Frost	burg, A	llega	ny, Md.
							e, held on Autop				🕦 and find
		death resulted	from: Noture	al causes 🏲	, Accident	_], Suici	de 🔲, Homicia	le 🔲, Unde	etermined ca	use 🔲.	
		ACTUAL SIGNATURE	1.V. D.		9 M. D.	·	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNI
2000		EXAMINER'S H	.V.Demi	ng M.D				CAL EXAMINER	00+ 7	7056	
		MACHIE (Type)					DEPUTY MEDICA		Oct.7		
		BURIAL, CREMAT.O. REMOVAL (Specify)	N, 226. DATE THE	REOF	22c. NAME OF CEME			22d. LOCATIO	N (City, town, or	county)	(Stole)
	220	REMOTAL (Specify)	0-4-0	7056	O-73 -1	7	. 4		7		
		Burial	Oct.9	-1956	Salisbu	ry Ce		Salis		PARTE CICA.	Pa
		BUT1AL FUNERAL DIRECTOR	Oct.9					Salis		PAR'S SIGNA	Pa TURE

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BUREAU V. N.

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VS A15 (4) 15M 9/55

1	Vithin corpor	ate limits ARY	LAND	STATE DEPA	RTM	ENT OF HEALTH	-BALTIMORE	, 18	41/0.00
	DR. WHITW	1	839	CERTI	FIC/	ATE OF DEATH		Reg. Dist. No	. 4
1	PLACE OF DEATH	GANY		MARY	LAND	2 USUAL RESIDENCE (When	re deceased lived If ins	INTY ALLEGANY	ore admission)
	6. CITY OR TOWN (If outside corporate fir CANOWA)	nits, write	66 DASS		CUMBERL		rite RURAL and give no	egresi lown)
ľ	d. NAME OF HOSPI OR INSTITUTION MEMOR I A	TAL (If not in hospital, L HOSPTTAL				d STREET ADDRESS	ACE ST.		ON A FARM?
3	DECEASED (Type or print)	Fre	irst	Middle &	ari.		4. DATE OF	Month C	Year 19 56
3	S SEX FEMALE	6. COLOR OR RACE	1	DIVORCE		B. DATE OF BIRTH MARCH 20.19	9. AGE (In y lost birthd	ears IF UNDER 1 YEA	Hours Min
, ī	during most of wor		done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stote of		12 CITIZEN	OF WHAT COUNTRY
Ī	3. FATHER'S NAME	0				14. MOTHER'S MAIDEN NA	WE		
		DDEUS KENT				SUZANNE	CLIFFORD		
	S. WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give wer or date of		SOCIAL SECURITY NO		nformant EMORIAL HOSP IT .	AL CHMREDIA	Address ND MD	
<u> </u>	TIB. CAUSE OF DE	ATH (Enter only one i	nuse per l'r	ne for (a), (b), and (c).		THOM THE TIOST IT	AL COMBLINEA		TERYAL BETWEEN
П		TH WAS CAUSED BY		nem	in	Trimar	- 67		ISET AND DEATH
ı		DUE T				1 1 .	11.	2/	
Т	Conditions, if c		(b)	177011	101	trition	(long ?	standing)	
	gove rise to i cause (a), stating lying couse last.	the under-	(c)	Chr.C	ho	Leogstitis ?	Hydrop		
	PART II. OT	, , ,	NDITIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RÉLATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(a)	PERFORMED?
	200 ACCIDENT W	AS UNDERLYING [drags 9 6)	CCURRE	D. (Enter nature of injury in Po	et 1 or Port II of Stem 18		YES NO
	200. ACCIDENT W. OR CONTRIBUTING	CAUSE OF DEATH	(TRIBE HOW INJURY OF	CCORRE	D. (Enter harore or injury in ro	ri i or rom ii umii ia	•)	
30140	20c. TIME OF INJUI	RY Month, Day, Y	ear 20d. It While at war	Not while	20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Slate)
П	21. I certify the	not I ottended th	e deceas	ed from JU	14	, 1956, to 40	(Stathat I lost s	aw the decease
Т	alive on 4	Oct	125	Cond that	death	occurred a 9:35P			ote stated abave
ı	ACTUAL	ullerto	3 h	hetive	1/-7	Mo Cumi	DDRESS (Street, city or t	own, state)	DATE SIGNE
	PHYSICIAN'S NAME (Type)	uller T.	3 1	Vhiture	14				
	BURIAL CREMATIC	10-7-19	0F 756	WoodLA	ETERY O	Cemetery	CUMBER 1	and MAR	y/and
2	3. FUNERAL DIRECTOR	tern Dre.	Cu	mbeden	Sh	landin DATE Oct	By REGISTRAR 24b.	REGISTRAR'S SIGNATI	ats m.
-									0/4

S. V UATEUQ

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DOT I 1956 BIREAU W. C.

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
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Within corporate limes 9841 CERTIFICATE OF DEA	CERTIFICATE OF DEATH	9841	te lim h s	corporate	Within
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Reg. Dist. No. 19826

											a.a. m.			
1. PLACE OF DEATH o. COUNTY				414-14		2. USUAL RESIL	DENCE (Who	re decease		institution DUNTY	: Residence	before od	m ssion)	
ATJ.FGAN	TY			MARY	LAND		MARY	LAND	D. C.	D G 11111	ALI FI	GAI Y		
	If outside corporate lim	Is, write	c. LENGT	H OF STAY	IN 1b	c. CITY OR 1	TOWN (IF or	itside corpo	orote limits,	write RUI	RAL and gi	ve nearest l	lown)	
RURAL and give n						RA	WLING	S						
d NAME OF HOSPI	and Md. [AL (If not in hospital, s	ive street r	nddrass)			d. STREET A						To IS	RESIDEN	CE
OR INSTITUTION			2001033)			G. STREET A	DDKE33					0	N A FARI	VI?
O.A. at Men	norial Hosp	ital				<u> </u>						YES	□ NO	28
3. NAME OF	Fir	'sh		Middle		Los	ł	4. DATE		Month		Doy	Year	
(Type or print)	D	AUL				CAMPDEI	J.	OF DEATH		Octo	ober	14.	195	6
S. SEX						8. DATE OF BIRT			9. AGE (In			YEAR IF U	4 / .	
, JCA	O. COLOR OR RACE			VER MARRIE				2.0	lost birt	bday)		Doys Ho		in
Male	White	WIDOWE	0	DIVORCE		March	24, IS	113	14.	3 yrs.				
00 USUAL OCCUPAT	ON (Give kind of work	done 10b.	KIND OF I	BUSINESS O	R INDUS	STRY 11. BIRTHPL	ACE (Stote o	or foreign c	ountry)		12. CITIZ	EN OF WI	HAT COU	NTR
_*	king life, even if retired	Se	AN EINE	treat	ment	Dee	er Par	k. Md			U	.S.A.		
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a. thillen a landing						I I I I I I I I I I I I I I I I I I I	MAINET 14	MILL						
	Benjamin C	ampbe	TI				A	lbert	a Phi	llip	S			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CE57 16.	SOCIAL SE	CURITY NO.	. 17. 10	NFORMANT				Addres	55			
3	(If yes, give wor or dates of a		20 10	LEIM		Mrs. Mar	er Ald.	00 701	mnhal"	l Ra	นปรีกร	rs Ma	٩.	
No	ATH [Enter only one co			-4547		rirs rial	A WITT	<u> </u>	III)DO L.	1 9 200	\$ 1 0 A. A. A. A.	INTERVA		
PART I. DEA	TH WAS CAUSED BY:	. (100	-		3/20	LI)	6 JL.	· Sign	٠ س		ONSET A	1. 1	-
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	DUE TO)			. /	N	1/2	1 -					
Conditions, if a				Un-	ny	2 Try	-11	ue	En	ZZ.	1			
gave rise to i)				/								
lying couse lost.	ine <u>diider-</u>	-1						No.				The same	-	
	HER SIGNIFICANT CON		ONTRIBIT	ING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITI	ON GIVE	N IN PART	1/01 19 W	AS AUTO	PSY
PART II. OT	TEN STOTAL GENERAL GOT	D(110)13_	011111001	10 10 00	1111	THO I NED TO	, 1116 . EVIIII	THE BUJERY	/C CO11D111	011 011	111111111111	PE PE	RFORMED	7
												YES	NO	B
200 ACCIDENT WAR	AS UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOV	V INJURY O	CCURRE	D. (Enter nature o	if injury in P	art I or Por	rt II of item	18.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)						Penn		_					
20c. TIME OF INJUR	RY Month, Day, Ye	or 20d IN	NJURY OC	CURRED	20e. PL	ACE OF INJURY (Home, form	20f. (Cib	v or lown)		ICe	ounty)	(5	tate)
Hour a. n.		While	1401	white'	for	ctory, street, office	e bidg., etc.]	,		100	,	,-	1010)
p. m.	19	at worl	k 🔲 at wo	ork 🔲					1					
21. I certify ti	nat Lattended the	decens	ed from	9/	27/	56, 19	, ta/_	0/11	1/5%	10	that I la	ast saw t	he dec	ensi
	111.	,					- 2							
alive an	74411-11	م 19_	12:	and that	aearn	occurred at		Z.M. frai	m the ca	uses an	id an the	e date si		
	11/11/	1 1/1			_		2/1	LDDRESS (S	itreet, city o	ir town, st	ofe)	,	DATE	IGN
SIGNATURE	XIIM	NX	RC	unen		M.D.	4-2-2	10	Elec	وبديد	1	1	0//	2/
	/ /												7	7
PHYSICIAN'S NAME (Type) T	T Emadat	TAT A	114-	m.e. 34	T D	122	g 0		a 0+	nast	~		4	
	dehand J		اعتاا				<u>s.</u> c		e_St		The state of the last of the l		<u> </u>	
220. BURIAL, CREMATIC REMOVAL (Specify	DN, 226, DATE THERE)F	22c. NA	ME OF CEMI	ETERY O	R CREMATORY		22d. LOCA	TION (City,			,	Stale)	
Dunial	1.0-18-56	5	D	eer Pa	ark	Cemetery			Deer	Park	, Md.			
23. FUNERAL DIRECTOR	'S SIGNATURE		ADD	RESS			240 REC'0	BY REGIS	TRAR 24	b. REGIST	RAR'S SIGI	NATURE	/	
	not I cranus	e.	Oa	kland,	, ild	le .	1	18 101		1 1	UM	7	1	1

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Westlin cos 10.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	4000
r se	9842 CERTIFICATE OF DEATH Reg. Dist.	98214
director with	1 PLACE OF DEATH G. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND GAR	before odm ssion)
To a second	b CITY OR TOWN (f autside carporate limits, write RURAL and give RURAL and give represent town) CUMBERLAND 9 DAYS FROSTBURG	
Add	d. NAME OF HOSPITAL MEMORITAL SHOSP PTAL d. STREET ADDRESS MEMORIAL & WARWICK AVES STAR ROUTE	e. IS RESIDENCE ON A FARM? YES NO
Led in	3. NAME OF DECEASED (Type or print) DOMENICO J. CIMAROSA DEATH OCTOBER	Day Year 29 19 56
rs. Pog	MALE WHITE WIDOWED DIVORCED SEPTEMBER 6, 1930 26 yrs Months D	YEAR IF JNDER 24 HRS Pays Hours Min.
ad comp no pope death.	100 USJAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZ Operator of Roadside Taverns Sicily	EN OF WHAT COUNTRY?
ician ar e carba rs affer	13. FATHER'S NAME DOMENICO J. CIMAROSA SR. 14 MOTHER'S MAIDEN NAME MARIA SERGI	
ng physici e remove 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Memorial Hospital	
the attending Then please revent within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Urenia 592 x DUE TO	INTERVAL BETWEEN ONSET AND DEATH about 3 months
equires man n. signed by th it permit. The	Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last. Conditions, if any, which the condition of th	about 3 month
physicio physicio has been rial-trans maval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN TYPIC CARDIAL FIbrosis and Pulmonary edema	19. WAS AUTOPSY PERFORMED? / YES NO
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fal or a this cer or use a rematio	Haur a. gr. 19 While Not while of work Of work Of work Of work	uniy) (Stote)
the hosping.	21. I certify that I attended the deceased from October 17, 19.56, to October 29,19.56, that I last alive on October 29,19.56, and that death occurred at 1:30P.M. from the causes and an the ADDRESS (Street, city or town, stote)	
prior 1	SIGNATURE / Municiple Court - M.O. 50 Pershing Street, Cumber_and	
Series Se	PHYSICIAN'S NAME (Type) Samuel Jecobson, M.D. 220 BURIAL CREMATION, 22b. DATE THEREOF - 122c. NAME OF CEMETERY OF CREMATORY , 22d LOCATION (Cuy, town, or copynity)	(S/Rte)
The off	JACOVAL (SOPEITY) MOV. 1, 1956 Palsland Cemetery Calsland 23. FUNERAL DIRECTOR'S SIGNATURE DE ADDRESS DE LA LAGRETO BY REGISTRAR 246. REGISTRAR'S SIGNATURE	Mdi
VS A15 (4) 15M 9/55	Herbert Leighbon Valstand, MANNET, 31, 1956 W. R. Fra	utr. M.a.

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		LACE OF DEATH	- 984	4		2 USUAL	RESIDENCE (Where decea	sed lived. If institu		pefore admission)
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(,51	1	Cumber.	Land		5 yrs.			berla	nd		
	d		/2 N.Lee	,	, give street address)	11	.1/2	N.Lee	St.		ON A FARM? YES NO K
		NAME OF DECEASED	Fire		Middle		Lost	4. DATE OF	Month	Do	
	(Type or print)		rabell		uter		DEATH	Oct.	7	1956
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rire	$\overline{}$		- Grysta	ar Lau	nary				la .	U.S	• A •
-	13.	FATHER'S NAME	ge Lee Cou	itor			es maiden i		tin		
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	CERTIFIC	20a. EXTERNAL CA PRIMARY ar CO CAUSE OF DEATH	INTRIBUTING 🔲	DESCRIBE HO	OW INJURY OCCURRED	. (Enter nature o	f injury in Pai	rt I or Part H	of item 18.)		
	MEDICAL	20c. TIME OF INJU		While	Nat while at work	LACE OF INJUR	Y (Hame, fart fice bldg., etc	n, 20f. (Cit	y ar tawn)	(Caunty)	(State)
		21. I certify t	hat I taak charge	af the rem	ains described a	bove, held	an Autops	у 🔲, Т	nspection 🔣 ,	Inquiry	, and find that
_		death resulted	d from: Natural o	causes 🖳,	Accident [],	Suicide	Homicide	e 🔲, U	ndetermined c	ause 🔲.	
7			1/11/1								DATE SIGNED
		ACTUAL SIGNATURE/	7.6. Jul 8	711/2016	11/61	M.D. CHIE	F MEDICAL E	XAMINER [3		DATE STOMED
		EXAMINER'S		7		ASSI	STANT MEDIC	AL EXAMINI	ER 🗌		
		NAME (Type)	H.V.Deming	M.D.		DEPL	JTY MEDICAL	EXAMINER	● Oct.8	-1956	
	220	BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREO	-	NAME OF CEMETERY			-74	TION (City, lawn, or 1: not		(Stale)
	23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNAT	URE
Y. L		James 1	S. C. riell	ו וגני	ertand, (l.	DATE	ct 10,1	956 11.7	T. One	my M.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Within corporate limits MEDICAL EXAMINER'S CERTIFICATE OF DEATH MACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission a. COUNTY d. STATE **b.** COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) rostourg Cumberland Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Memorial Hospital Route 1 NAME OF Walter DECEASED Dixon (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years white male WIDOWED [DIVORCED S 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Maintanence man Accident.Md. C.W. Grant Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maude Rilev 40 T.Dixon ago 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 214-16-2031-Memorial Hospital records ves 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (0) **DUE TO** Coronary sclerosis(angina syndrome) Conditions, if any, which) gove rise to immediate cause **DUE TO** (o), stoting the underlying cause last. 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) factory, street, office bidg., etc.) Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. death resulted from: Natural causes 🕏 , Accident , Suicide , Homicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE H.V.Deming M.D. NAME (Type) 220. BURIAL, CREMATION, 1225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10-9-56 Blooming Rose Cemetery dirial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGID BY REGISTRAR VS. ATSME(S) J. R. Durst Frostburg, Md. 5M 9/55

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Mã 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) (State) (County) Inspection 3, Inquiry 3, and find that Undetermined cause DATE SIGNED DEPUTY MEDICAL EXAMINER # Oct. 7-1956 22d. LOCATION (City, town, or county) (Stote) Friendsville, Md. 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

IF UNDER TYEAR

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ON A FARM?

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IF UNDER 24 HRS

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Chief OR:			death resulted	d from: Natural	causes 🗽], Accident [], S	icide [],	Homicide	□, ∪	ndetermined o	ause .			
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			Burial	Oct. 31.	1956	Taylorsville	Cemete			lorsville				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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See	\$.	(Type or print) SEX	6. COLOR OR RACE		NIXI NEVER MA	RRIED	GRE (SE 8. DATE OF BIRTH	<u> </u>	DEATH	9. AGE (In years		YEAR IF UN	19 56 IDER 24 HRS.
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regis 2	22	BURIAL CREMATION	1	,	22c. NAME OF	EMETERY O				ION (City, town,	or county)	(5	tale)
0 1	23	FUNERAL DIRECTOR	10/11/	56	St. Pe	iters	& Paul		Cumb	erland	STRAR'S SIGN	NATURE	
VS A15 (4) 15M 9/55			H. Lee	Cumbe	rland,	Md.		DATE	t10,19	356 7	X /h	rest	mes

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Address 13. NAME OF BYTH ONLY 15. SEX 16. COLOR OR RACE 17. MARRIED NEVER MARRIED DIVORCED DIVORCED	rporate i		E DEPARTMENT OF H	EALTH—BALTIMORE, 18	69838
O COUNT Alegady MARYLAND O STATE Pland D. COUNT Alegady D. Cou		0.251	CERTIFICATE OF D	EATH	Reg. Dist. No.
SUBAL ord pier increase lowing Charles Ch	1.	o COUNTY	II O STATE	t country	m 40
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Text County Cou				Peggy Jane Yutzy	
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Til tin corpor	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	DR. XXXXXXXX BRINSFIELD CERTIFICATE OF DEATH Reg. Dist. No.
Page director	1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odm syon) O. STATE D. COUNTY PF.NNSYI. VANIA
deoth le	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND
by d 2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL—MEMORIAL & WARWICK AVES. O. IS RESIDENCE ON A FARM? YES DO NO
24 hours 1 oness 1 one	3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year OF OF DECEASED (Type or print) ELWOOD 1 HANDWERK DEATH OCTOBER 29 19 56
within s. Pogo	5. SEX MALE 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED FEB. 18, 1916 9. AGE (In yeors bythdoy) Wonths Doys Hours Min Months Doys Hours Min
d comp n paper death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Tenant. 12. CITIZEN OF WHAT COUNTRY PENNSYLVANIA U.S.A.
ate be cicion on cicion on softer of	13. FATHER'S NAME LLOYD HANDWERK 14 MOTHER'S MAIDEN NAME BLANCHE RINGLER
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r requires that the death cian. In signed by the attendinist permit, Thea pleas and in apprecent within	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. [IMMEDIATE CAUSE (o) Rugsticul segund Tules cuttle personal 45 hus. DUE TO Conditions, if any, which gave rise to immediate cause for immediate couse (o), stoting the under lying couse lost. (c) (particul regulations. Thereighers.)
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DR ATTENDING ed, the hosp REGTOR: After be hed f rior riol, o	21. I certify that I attended the deceased from 1955, to 65 29, 1956, that I last saw the decease alive on 65 29, 1956, and that death occurred at 6:03PM, from the causes and an the date stated above ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE M.D. 232 Britished M.D. 232 Britished
PTAL C RAI DI should stror pi	PHYSICIAN'S CARLTON BEINSFIELD Cymbully my
HOSN Market Poge 3 The regi	22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION [City, town, or county] (Stole) 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION [City, town, or county] (Stole) 22c. NAME OF CEMETERY OF CREMATORY Addison. Fenns.
VS A15 (4) 15M 9/55	23. FUNTERAL DIRECTOR'S SIGNATURE ADDRESS, Pa PATEN 1. 31, 1956 W.K. FLANK, 111 X

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	keg, Dist. No.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY
Allomany	Maryland
b CITY OR TOWN (If outside corporale limits, write RURAL and give nearest fown) C. LENGTH OF STA	
Cumberland 5 Days	Route 1, Cumberland
d. NAME OF ROSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Sacred Heart-Hospital	Route 1 Cumberland
O NAME OF DECEASED (Type or print) New York Trial First Middle (Type or print) New York Trial First Middle (Type or print) New York Trial First Middle (Type or print)	Hansel Last OF October 1 Doy Year 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAS	RRIED 8 DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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Housewife Own Home	
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Manton Dottomson	Barbara Bigam
Morton Patterson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	
(Yes, no ar unknown) (If yes, give war or dates of service)	
None None	Thomas P. Hansel Cumberland, Maryland
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and ((c).] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER]	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote)
Hour a.m. White _ Not white_	factory, street, office bldg., etc.)
p, m, 19 at work at work	
21. I certify that I attended the deceased from Da	25, 1957, 6 Oct 1, 1956, that I last saw the decease
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alive an Sept 30 , 1956 , and th	death accurred at 5.75 CM, from the causes and on the date stated above
1 A N/ A M.	ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE . Class 7. Merroy	Mondo Cumbuland Fill Cut 2 3
PHYSICIAN'S TO A B C Management	100011111111111111111111111111111111111
NAME (Type) F. Alan G. Murray	M.D. Cumberland, Maryland
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CI	EMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Memorial Park Frostburg, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Hafer, umberland, Maryl	
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ative or no		220	BURIAL, CREMATION, 22b REMOVAL (Spec fy)	DATE THEREC)F 2	2c. NAME OF CEMETERY C	R CREMATORY			ON (City, town, or	county)	(Stote) .	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PUREAU V. R.

		MARYLAND STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8
		9898 CERTIFICA	ATE OF DEATH		Reg. Dist. No.
		PLACE OF DEATH? O. COUNTY HLLEGAN' MARYLAND	2 USUAL RESIDENCE (Who	re deceased lived. If institutes b. COUNTY	on: Residence before admission)
		b. CITY OR TOWN (If outside corporate limit, write c. LENGTH OF STAY IN 1b 16.06.7306.4 17.0 5.06.7306.4 17.0 5.06.7 5.06	Fig STB	tside carporate limits, write Ri	URAL and give nearest town)
		NAME OF HOSPITAL (It had in hospital, give street address) OR INSTITUTION VINORS HOSP FRISTISURY, 1770	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
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1	13	ELWAH BITTINGER	14. MOTHER'S MAIDEN N	L HARE	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wer or dates of service)	Molicie /for	ew two t	House STAR RT
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	geart dis	croman may	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which) (b) Declares	hell tus		2 who
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		21. I certify that I attended the deceased from alive on C. T	1947, to C	M. from the causes a	that I last saw the deceased and an the date stated above.
		ACTUAL SIGNATURE Charlet Janat		DORESS (Street, city or town,	
		PHYSICIAN'S FRANK T. HARRAT	70	Marya 1	unol
	220	PENOYAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY CONTRACTOR OF CEMETERY CONTRACTO	OR CREMATORY	NEAL FROST	BUKY WHO
	23	FUNERAL DIRECTOR OS SIGNATURE ADDRESS SHARE	etier le Mari	BY REGISTRAR 246. REGISTAL 246	Manny W. Ras
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Creming of the person of the p	/_		PART IS PER	IMMEDIATE CAUSE (o)	Car	diae ia.	TTULE	due to m	Teral	SUBBOS	15	GI	adual
He exe			Conditions, if		Car	diac hy	pertr	ophy (mar	ked)				?
should n penc s olong a burio	(-)		(o), stoting the couse lost.	underlying DUE TO (c)_				o had asc					?
oote Office dos		CATION		ther significant cond Amount of	*****					E CONDIT ON G V	EN IN PART I	PE	REORMED?
endi en's er's			20g. EXTERNAL CA	LUSE WAS 209				nter nature of injury in Po		of item 18.1		YES [NO []
d in the second		CERTIF	PRIMARY OF CO	INTRIBUTING									
Word Exe		MEDICAL	20c. TIME OF INJU	JRY Month, Day, Yea	1	MJURY OCCURRED		E OF INSURY (Home, for	m, 20f. (City	or town)	(Count	y}	(State)
die 3		MED	Hour o.m.		While of we	ork of work	-	ry, sneet, britte dag., er	6.7				
IAM ling Med Med			21. I certify t	hat I taak charge	of the r	remains descri	bed aba	ve, held an Autop	sy 渊, li	nspection 📑	Inquiry	¥, an	d find that
L Ei ¥ Hief Rief			death resulter	d fram: Natural o	auses 🖁	Accident [, Suic	ide 🔲, Hamicid	e 🔲, Ui	ndetermined o	ause 🔲.		
2 2 1	4			1/11	£.	742 3						D.A.	TE SIGNED
A F T D IN			SIGNATURE	7-1- NO 6 17	reng	HI-10.		_M.D. CHIEF MEDICAL I	_			-	IE JIWITES
RAL	love		ELEMENTAL .	17 TT TO 3	18			ASSISTANT MEDI			00 50	م ه	
T to SN	5	720		H. V. Deming		22c, NAME OF CEN	IETERY OF	DEPUTY MEDICAL			29-19		FALLEN
0	ō	1	REMOVAL (Specify	11-31	56	74 14 "	ui,	a Ja	5	TION (City, town,	or county]	/1/	Stote)
		23,	FUNERAL DIRECTO	R'S SIGNATURE	-y 4.	ADDRESS #	//	240/REC	O BY REGIST	RAR 24b, REGIS	STRAR'S SIGN	ATURE /	0_/
VS. A15ME(5 5M 9/55	5)	1/-	torre	4/1/	in	in the	110	100 80 000	blesso.	1956 700	R. Fra	nh	M.D.
2111 77 23	*	K=	*		- Hard	2 1 10 1	- Al-	447,14	1/2/1/	7	1,900	()	

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WITH A PARTIE PER MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S A DOMINA

DELARES AND

John J. Hafer, Cumberland, Maryland

VS A15 (4) 1SM 9/S5

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9961 9 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69848

9905 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allegany MARYL CITY (If outside corporate limits, write RURAL LENGTH OR and give nearest town) TOWN Alfer	OF STAY! CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) NEOmi	(Last) 4. DATE (Month) (Day) (Year) Kifer DEATH: Oct. 6. 1956
Female Color or 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speining Le	8. DATE OF BIRTH: 9. AGE last birthday: If under I year le under 24 Hrs. Nov. 5, I875 80 yrs. Month, Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWOIK INDUSTRY:	SINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Kifer, Md USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Kifer	Amanda Ashkettle
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY	No.: 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Mrs Grace Robertson
18. MEDICAL CE	RT.FICATION Interval Retween
Immediate cause Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)	Cranial themountings T/2 fes
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OP.	ERATION 20. AUTOPSY?
	Yes NoD
21. ACCIDENT (Specify) PLACE (Home, farm, fac SUICIDE OF office bldg., etc.)	tory, street, (CITY OR TOWN) (COUNTY) (STATE)
	While Work
22. I hereby certify that I attended the deceased from alive on SIGNATURE 19 Cand that death occur signature	DADDRESS TO THE PARTY OF THE PA
23. BURIAR, CREMATION, DATE THEREOF NAME OF ROSE	Se HILL Cemetery Location (City, town, or county) (State) Se HILL Cemetery Eggerstorn, Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1956 Mrs. Oay weeker	rotto W W ante Seley Shor up

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUNEAU E. E.

DEC 14 1956

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	99 0 CERTIFICATE OF DEATH Reg. Dist. No.
led with	1. PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Allegany
be fi	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
温泉(引)	Frostburg 2 days Frostburg, R. F. D. 2 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
y po	Miners Hospital ON A FARM? YES NO K
2 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	3. NAME OF DECEASED (Type or print) MARGARET AGNES LANGFORD LOST DEATH OCT. 29, 19 56
	5 SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years lest, birthday) Months Doys Hours Min. 1 SEX
aper aper	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
ond co	Waitress Restaurant New Jersey U.S.A.
cart	
physici move hours	TE WAS DECEMED BY ILL SAMED CONCESS BY COMMENT OF THE PROPERTY
	Yes, no. or unknown) 18 yes, gave wor or data of service) 142-16-5917 Mrs. Clayton Garlitz, Frostburg, Md.
ottending please	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
M. W.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A CLUTE Courding distatory ± 15 mm.
The even	474 X DUE TO 0
d by	(Conditions, if ony, which) by darynes - backerts acute 5d
signe ad in c	gave rise to immediate cate (a), stating the under lying couse last. DUE TO 1 2 44.5.
rons l', ai	
rial-i	18 Dron chiecTros
ficate the burner or ren	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIB
this certi r use as ematian	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. Hour a. m.
d for	21. I certify that I attended the deceased from 10/26, 1956, to 10/29, 1956, that I last saw the deceased
S. A.	alive an 10/29, and that death accurred at 2:50 M, from the causes and on the date stated above.
	ACTUAL SIGNATURE Chank T. Chanat M.O. 26 De chance 81. 10/3/16
Should strar programmer and strain programme	PHYSICIAN'S FRANK THARRATMY artiburg, Ind.
reginal Regina	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial 11-2-56 F'bg. Memorial Park Frostburg. Md.
F 415 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE
/S A15 (4) 15M 9/59	J. R. Durst, Frostburg, Md. DATE / - 2 SIG NULL / TAG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S

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A		MAKTLAND STATE DEP	AKIME	NI OF HEALTH—B	ALIIMOKE, 18	69859
8.8		MEDICAL EXAM	INER'S	CERTIFICATE C		. Dist. No.
Sign of the sign o		PLACE OF DEATH		2. USUAL RESIDENCE (Where de	eceased lived If Institution; R	ssidence before admission)
10 de		Allegany A	ARYLAND	o. STATE Md.	b. COUNTY	llegany
2 8 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		c. LENGTH OF S and give negrest fown)	TAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)
Sesson Se		Cumberland 2 hrs		Cumberlan	nd	
a Light		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a	ddress)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
President Presid	L	Sacred Heart Hospital		445 Walnut	St.	YES NO
dela ral c irrar	3.	NAME OF First Midd	_	Lost 4. DA1	TE Month	Day Year
9 9 9 9 9 9		(Type or print) Cliton Utna		iller of	0000	27 19 56
9	5. :	6. COLOR OR RACE 7. MARRIED WEVER MA	RRIED 🔲 B.	DATE OF BIRTH	9. AGE (In years IF UN lost birthday) Month	DER TYEAR IF UNDER 24 HRS.
in in it is		mare — willie — —		ec.27-1894	6] yn.	is pays From Min.
de d	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS luring most at working list even if relied) Celanese				CITIZEN OF WHAT COUNTRY
retir	<u> </u>	A A	Corp.		V. Va.	U.S.A.
1, 2, 0, 1, 2, 0, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
A S Louis		John Liller		Eliza Bla		
Po o	15. (Ym	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (16 yes, give wer or dates of service)			Address	
	╚	no 220-10-85	0713	rife)Lola Lill	Ler,Cumberla	
PM		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED 8Y:		•		INTERVAL BETWEEN ONSET AND DEATH
De la		IMMEDIATE CAUSE (a) COLOITALLY	occl	usion	ab	out 3 hrs.
ansile		4.0.1 DUE TO Coronary	scle	rostis	•	2
Ellipe Shring		Conditions, if ony, which gove rise to immediate couse				•
pend lang		(a), stoting the underlying [See 10 Pin mone r	v ede	ema		3 hrs
1000	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I			SEASE CONDITION, GIVEN IN	3
ificate ding" sed or	CATIO		<u> </u>	OT REDITED TO THE TERMINALOR	SEASE CONDITION STREM IN	PERFORMED? YES R NO
s cert miner	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY (I) or CONTRIBUTING (I) CAUSE OF DEATH.	CCURRED. (E	nter nature of injury in Part I or Pa	nt II of îlem 18.)	
Exo.		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		E OF INJURY (Home, form, 120f.	(City or town)	(County) (State)
the v	MEDICAL	Hour o, m. While Not while pt work of work	fecto	ry, street, office bldg., etc.)		
KAN Hing Me		21. I certify that I toak charge of the remains descr	ibed abov	re, held an Autopsy 🔀,	Inspection 🕦 Inc	uiry 🕦, and find that
D. W. T. J. W. J. W. T. W. T. J. W. T. W. W. T. W. T. W. T. W. T. W. T. W.		death resulted from: Natural causes 🙀, Accident	, Suic	ide [], Homicide [],	Undetermined cause	<u></u>
HICA HECT HECT HICA		ACTUAL A 1' & 2 growing on MM	>			DATE SIGNED
		SIGNATURE 17- 1- 1 2 vorusing 11/1	<i>∼</i> -	M.D. CHIEF MEDICAL EXAMINE		
A A A A A A A A A A A A A A A A A A A		EXAMINER'S		ASSISTANT MEDICAL EXAM		
wor wor	22-	BURIAL CREMATION, 226. DATE THEREOF 22. NAME OF CI	METERY OR	DEPUTY MEDICAL EXAMIN	OCATION (City, town, or coun	
o Barrello		REMOVAL (Specify)				
	23.	Burnial Oct. 29, 1956 Fort As	roy ce	metery For		
V5. A15ME(5)		John J. Hafer, Cumberland, Maryla	nd.	Contest. 29	1057 7110 7	sout Of
5M 9/55	-			leur, v	1/00/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	everythe 101 a).
		Mayon				

STUDEN K. 2

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		-		
be executed within 24 hours after death. Page 4		and cample: "lled in by funeral director,	ban papers. Pages 1 and 2 and be filed with	er deoth.
OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	be retained by the haspital or attending physician.	OR: After this certificate has been signed by the attending physician and cample!	e 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 Jul	jistrar priore purial, crematian, ar remaval, and in any event within 72 haurs after death
TENDING PHY	the haspital ar	OR: After this co	fached for use	urial, cremati
AT	AQ.	CTO	de	
0			ě	prio
AL	etai	7	anle	יסר ו
TIASC	be ri	NER.	35	registr

114	dus of		D STATE DEPARTM	ENI OF HEAL	H-RAL	HMORE, 1	8	200m
1	IN. ID	9947	CERTIFICA	ATE OF DEAT	Ή		Reg. Dist. No	4200.
	PLACE OF DEATH	Allegany	MARYLAND	2 USUAL RESIDENCE (d ived If institute b. COUNTY	A.	
ł	b. CITY OR TOWN (If	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (prote limits, write R	Allega URAL ond give no	
H	RURAL and give need. 2. D. Corri	i ansville				sville		
	d. NAME OF HOSPITA	AL (If not in hospital, give stre	et address)	d. STREET ADDRESS	_			e. IS RESIDENCE ON A FARM?
	Ellerslie			<u>Ellersli</u>				YES NO NO
1	NAME OF DECFASED	First	Middle	lest	4, DATE OF DEATH	Mon		ay Year
_	(Type or print)	IDA 16. COLOR OR RACE 7. MA	MAY ARRIED TO NEVER MARRIED TO	LILLER 8. DATE OF BIRTH	DEATH	9 AGE (In years	5	19 56 R IF UNDER 24 HRS
	Female	***	WED DIVORCED	Jan. 12. 18	72	last birthdoy) 84 yrs.	Months Days	Hours Min.
0a	LSUAL OCCUPATIO	N (Give kind of work done 10	TO KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHAT COUNTR
	Hou, ewif	ing life, even if retired)	Own home	Rio. W.	Va.		U.	S.
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Harvey	Daugherty		Rebec	ca Woli	ford		
	WAS DECEASED EVER	IN U. S. ARMED FORCES? I	AT	INFORMANT		Add		
	No,			. Richard Wo	rkman (Corrigans	ville, }	Iri.
		TH (Enter only one couse per	line for (o), (b), and (c).]	0 11	1		101	TERVAL BETWEEN
	PARI I, DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Cerebr	al Hemore	-hag.	9		14hrs-
	4420,0	DUE TO	()A.	A A 11	D	1		
	Conditions, if an gove rise to in	nmedicts (arless	pelkrobie /f-	un	1 kein		
	cottse (a), stating t							
Z		ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY
CERTIFICATION								PERFORMED? YES □ NO □
TIFIC	20a. ACCIDENT WAS	S UNDERLYING 1 206. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Por	t II of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY	Month, Day, Year 20d Whi		ACE OF INJURY (Home, for	rm, 20f. (City	or town)	(County	(Stote)
in in	p. m.		vork at work					
	21. I certify the	at I attended the dece	ased from Mar - 10	7 . 19.55, to_	Q.A	<u>-5</u> , 1956	e,that I last :	saw the deceas
	alive on 0	7 4 19	56, and that death	occurred at 7:30	A.M. fran	n the causes o	ind an the de	ate stated aba
	ACTUAL (7 1		ADDRESS (S	treet, city or town,	stote)	DATE SIGN
	SIGNATURE	villian 1	James	M.D. 441 N	KYKZY	ese SY-		
	PHYSICIAN'S NAME (Type) (William P.	Iames	Cuc	she-l	ead in	-0	
220	BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Stote)
	REMOVAL (Specify)	10/8/56	Hillcrest Bu	rial Fark	Cumbe	erland, N	aryland	
23.	FUNERAL DIRECTOR'S		ADDRESS		C'D BY REGIST		TRAR'S SIGNATI	JRE
	Charles L.	, George Cumb	erland, Haryland	DATE	kt.8,19	56/1	K. Ohe	axes Mi

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Į.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	851
	Properties cornerate InMEDICAL EXAMINER'S CERTIFICATE OF DEATH	FUZ
F		
	o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before odm o. COUNTY Allegany MARYLAND Allegany	
, ,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	
	Cumberland 5 yrs. (rural) LaVale	
91	0.0	RESIDENCE
O • A		_ NO 🖪
	DECEASED	Year
	(Type or print) Robert Howard Maguire DEATH Oct. 12	1956
	[ast byrthday] At mathe David Maure	DER 24 HRS.
	male white widowed Divorced Feb. 27-1900 56 vi.	min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mgr. & owner Grand Motel Pittsburg, Pa, 12. CITIZEN OF WHAT	COUNTRY
_ '	13. FATHER'S NAME	
	Robert Getty Maguire Anna Gordon	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 1 (if yes, this war or dollar of service)	_
^	189-12-4475 (wife)Ruth Brant Maguire, La Vale, M	id.
_ [_ ,	
, \	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY OCCLUSION SUDD	en
7	420. Coronary sclerosis (angina syndrome) ?	
	Conditions, If ony, which)	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	cause lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	ORMED?
	3	NON
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County)	(Stote)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) White Not white of work of work of work 19 the work 19 t	
	21. 1 certify that I took charge of the remains described above, held an Autopsy , inspection , Inquiry & , and	find the
	death resulted from: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🗍, Undetermined cause 🗍.	
′		
	SIGNATURE A. V. L. TILLAR 9 11. K). M.D. CHIEF MEDICAL EXAMINER [SIGNED
	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S H.V.Deming M.D. Deputy MEDICAL EXAMINER Oct. I2-1956	
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Sta	ite)
	REMOVAL (Specify)	Pa.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REG'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	- 6
	W.A. Johnson Berlin, Pa. DATE of 15, 1956 N. R. Frants	Mil

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MAGRIM

PLAC	E OF DEATH	9863			2. USUAL RE	EDENCE IW	here decess	ed I'ved. If institu	Reg. Dis		mission
	YTAUC	llegany		MARYLANI	O STATE	MA	11010 000003	b. COUNT	Y	any	
b CIT	TY OR TOWN (If a	otside corporate limits, write (RURAL	LENGTH OF STAY IN TH	c. CITY OF	TOWN (If	autside corp	orote limits, write			fown)
	Cumberl	Land		20 yrs.	(rura	1) C	umber	land			
		cred Heat			d. STREET	D.#3	Bown	ans Add	dition	9 0	RESIDENCE N A FARM? NO
	E OF ASED or print)	Harry		Jacob	Mallow		4. DATE OF DEATH	Mont.		Doy 2	Year 19 56
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1		9 AGE (In years lost birthday)	IFUNDER 1		DER 24 HRS
ma		11 12 22	WIDOWED [Jan.18	-190	7	49 yrs	Months D	ays Haur	Min.
during	Toine C	(Give kind of work do life, even if,retired) perator	Pot	omac Ediso	n Bran	ACE (State L dywi :	or foreign of ne, W.	va.	1	S.A.	T COUNTRY
13. FATH	HER'S NAME				14. MOTHER'S	MAIDEN N	AME				
	Willian	Mallow				ce K	imble			****	
15. WAS [Yes, no, 6		R IN U. S. ARMED FORCE of year, give war or dates of se		-10-5555 (W		a Jo	hnsor		K.F.I w,Cuml		nd,Mo
18. 6	CAUSE OF DEATH	Enter only one cause	e per line for	to the and to I						INTERVAL BET	WEEN
										INTERVAL BET	HTAN
		WAS CAUSED BY:		Coronary o	cclusio	n				Sud	den
Cor gov (a),		WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO (b) phe couse					ngina	a syndro	ome)	sud	den rs.
(a),	PART I. DEATH I A O. I Inditions, if only re rise to immedia, storing the un use last.	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO (b) Die couse Iderlying DUE TO (c)		Coronary o	cleroŝi	.s (a		· · · · · · · · · · · · · · · · · · ·		2 h	rs.
CONTINUE CANON	PART I. DEATH I A O. I Inditions, if only re rise to immedia, storing the un use last.	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO (, which of couse derlying oue TO R SIGNIFICANT CONDI	ITIONS <u>CON</u> I	Coronary o	clerosi	.s (a	NAL DISEASE	E COND TION GIV		2 h	den rs.
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WEDICAL CERTIFICATION Social	PART I. DEATH A CO. I Inditions, if on, is to ing the use is to immedia PART II. OTHE EXTERNAL CAUS AARY Or CONI 15E OF DEATH. TIME OF INJURY Hour o. m. I certify the oth resulted if	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) R SIGNIFICANT CONDI E WAS RIBUTING Month, Day, Year 19 It I taok charge of ram: Natural condi	DESCRIBE H 20d. INJ While of work af the ren auses F,	Coronary of Coronary S RIBUTING TO DEATH BUT OW INJURY OCCURRED. URY OCCURRED 200. PI Not while at work 100 mains described above Accident 100 Not at work 100 Not work 10	Clerosi NOT RELATED TO (Enter nature of in ACE OF INJURY (I ctory, street, office ove, held an uicide [], H M.D. CHIEF M ASSISTA	THE TERMIN jury in Port Home, form, bidg., etc.) Autopsy lamicide	NAL DISEASE I or Part II 20f. (Crty	or town) aspection , determined c	(Coun	2 h	den rs. s AUTOPSY FORMED? NO (Stole)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the criticale, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be awarde. The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files. Funerally RECTOR: Page 3 should be used as a barriot permit. File pages 1 and 2 with the registrar page.

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VS. A15ME(5) 5M 9/55

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Willan corporat	11	mit			TATE DEPA	RTMENT	OF HEALTH	i—BALī	IMORE, 1	8 (1985	8
4 25			, 9854		CERTI	FICATE	OF DEATH	1		Reg. Dist.		4
I director		LACE OF DEATH L COUNTY ALLEGAN	Y		MARY		SUAL RESIDENCE (WH. STATE WEST VIR		I ved. If instituted b. COUNTY	on- Residence	before odm ssi	ian)
funeral funeral	t	CUMBER	ulside corporate limit	s, write	LENGTH OF STAY		CITY OR TOWN (IF &		ote fimits, write RI	URAL and give	negrest town)
2		OR INSTITUTION MEMORIAL	HEMORTAL' TEWARWICK	AVES.	AL'		STREET ADDRESS					DENCE FARM? NO []
ifed in	1 1	NAME OF DECEASED Type or print)	Firs	ARY	Middle C		MART I N	4. DATE OF DEATH	OCKOBER		9	Yeor 1956
rs. rog	5. §	FEMALE		WIDOWED	DIVORCE		0-3-1891		P. AGE (In years lest birthday) 5 yri		YEAR IF UNDE	R 24 HRS.
emecule nd comp nn pape death.	10a	USUAL OCCUPATION during most of warking	(Give kind of work d life, even if relired)		ND OF BUSINESS OF		11. BIRTHPLACE (SHOLE SPR I NGF I			12. CITIZE	A.	COUNTRY
e p	13.	FATHER'S NAME				14.	MOTHER'S MAIDEN N					
ficot ficot	15	WAS DECEASED EVER IN	LLIAM W. S		N OCIAL SECURITY NO.	17. INFORA	EDITH M.	SMOUSE	Addr			
ing ph		no. or unknown) (H y	es, give wor or dotes of te	rvice)	None		emorial H	ospit		mberia	11 , .	, L E W
deof thend pleas within		18. CAUSE OF DEATH PART 1. DEATH	WAS CAUSED BY	(Fin	far (a), (b), and (c).]		0014	les.	. +-		INTERVAL BET	TWEEN DEATH
the o	П	IN IN	MEDIATE CAUSE (0)	eur	tuon		Region.	2 0 10	and		~~~	yr.
d by 1		Conditions, if any,	which) /bl	The	ladalie	can	mour O	left	Lenger	~~~ ii		•
require on. signe sil per		gave rise to imm couse (a), stating the lying cause lost		Par	entoque.	ex fr	acture 1	left	fenue	2	2 mo	netle
Dhysici physici has bee rial-tran	CERTIFICATION			OITIONS CO	NTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY RMED? NO
tending ificore the bu		20a. ACCIDENT WAS L OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	INDERLYING CAUSE OF DEATH DICAL EXAMINER)	206. DESCRI	BE HOW INJURY OF	CURRED (Ent	er nature of injury in f	Port 1 or Part	11 of item 18.)			
al or of this cert	MEDICAL	20c. TIME OF INJURY Hour a. 51. p. m.	Month, Day, Yea	v 20d. INJ While of work [Nat while	20e. PLACE O factory, s	F INJURY (Home, farm treet, affice bldg., etc.	20f. (City	or town)	(Cou	nty)	(State)
fing aspired for the cr		21. I certify that	I attended the	deceased	from Work	1951	, 19, to	et za	F 1956	that I las	st saw the	deceased
TEND The h		alive on Oct	24	_ 18 <u>S</u>	e, and that	death accu	rred at 9:10A		the causes a	nd on the	date state	ed above.
The do		ACTUAL TO	mr-Ja	w	/	M.D. %	Swash	engtin	SK.	itale]	loud.	LULE.
retoir		PHYSICIAN'S NAME (Type)			R.							
may by	220.	BURIAL, CREMATION, REMOVAL (Specify)	Oct 26	1956	IIII C				ON (City, town, o		(State)
PE 415 (4)	23.	FUNERAL DIRECTOR'S S		,	ADDRES\$		1 / 1 / 1.	BY REGISTR		TRAR'S SIGN		-4
15M 9/55		Ralph G	uthrie	(5)	nir Tie	1, .	week.	25,19	19 11/2	1.1/20	nle, 1	M.Z)
											2.	

MARYLAND STATE DEPARTMENT OF HEALTH_BALTIMORE 18

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O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the hospital ar attending physician.	PHERAL CTOR: After this certificate has been signed by the attending physician and cample filled in by the funeral director,	e 3 shauta be detached for use as the burial-transis permit. Then please remove carbon papers Tages 1 and in Jula be filed with	the registrar prior Surial, cremation, or remared, and in any event within 72 haurs after death.	
NOSPITA	may be ref	POWERAL	≥ 3 sho	the registro	
U	_	O.	-	-	

119	ide of	MARY	AND STATE DE	PARTM	ENT OF HEALTH	-BALTIMORE, 1	18 498	5 7 .
	irra de	991	8 CER	TIFIC	ATE OF DEATH	1	Reg. Dist. No	1
1	PLACE OF DEATH a. COUNTY	Allegany	7 M.	ARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	ere deceased lived. If institution b. COUNTY		
1.	b. CITY OR TOWN	(If outside corporate limi nearest town)		TAY IN 16 EPU	e. city or town (if o	utside corporate limits, write R Cumberlan	_	arest town)
,	d. NAME OF HOS OR INST TUTIO	Route 3.	ive street address)	0÷u	d. STREET ADDRESS Route 3,	Lectora not	4 1	e. IS RESIDENCE ON A FARM? YES NO 🔀
2.0	NAME OF DECEASED (Type or print)	Les!		ddle ay	lost Mauk	4. DATE Mor	Allen	Yeor 19 56
5	SEX Le	6. COLOR OR RACE	7. MARRIED NEVER MA	RCED	B. DATE OF BIRTH February 23	9. AGE (In years lost birthday)	Months Days	Hours Min,
	Oo USUAL OCCUPA	TION (Give kind of work or orking life, even if retired)	School B		STRY 11. BIRTHPLACE (Stole L'ectore C			F WHAT COUNTRY
ì	3. FATHER'S NAME	TI-			14. MOTHER'S MAIDEN N	AME	002	
		VER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY		NFORMANT	e Wigfield Add Mauk RFD		r i a
ĺ		EATH [Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per line for (a), (b), and	(c).(amlente	leuleum	INT	ERVAL BETWEEN SET AND DEATH 3
١	Conditions, if gave rise to cotse (o), statin lying cause los	immediate DUE TO		Jan J.	trema !	Juc		4 400 -
10000	PART II. C	THER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART I(a)	9. WAS AUTOPSY PERFORMED? YES NO
100000	OR CONTRIBUTION	MAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW INJUR	Y OCCURRE	D. (Enter noture of injury in f	art I or Part II of item 1B.)		
4 4 4 4 4	20c. TIME OF INJ	1,	20d. INJURY OCCURRED While Not while at work of work	20e. Pl.	ACE OF INJURY (Home, form ctory, street, office bldg, etc.	20f. (City or town)	(County)	(State)
	21. I certify alive an(that I attended the			accurred at	M, from the causes of ADDRESS (Street, city or town,	and an the da	
	ACTUAL SIGNATURE	Willen	- RJanu	_	M.D	N. Caalas	SY.	0-8-875
	PHYSICIAN'S NAME (Type)	Wallar		e >	C_ <u>w</u> .	ubar land	Mes.	
	REMOVAL (Speci	100, 226, DATE THEREO			r CREMATORY	Park Culb	er county)	(State)
2	Syrer Syrer	N/ V	L ADDRESS Cumb e	rland			STRAR'S SIGNATUR	its m
-		7						-//V

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Tringam corporat	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
w	9865 CERTIFICATE OF DEATH Reg. Dist. No. 4
Page director	1. PLACE OF DEATH o COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o STATE W.VA. hitreral
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) CUMBERLAND, 8 DAYS BURLINGTON
by d	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO
174 hau	3. NAME OF DECEASED (Type or print) LUCY M MC DONALD 4. DATE Month Day Year OF DEATH OCROOSER 31 1956
d within	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE B. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED DIVORCED OCTOBER 15 1881 9. AGE (In yeors legularithday) Months Days Hours Min.
execute of camp of paper death.	10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) HOUSE 1. Ife W.VA.
physician are pours after burs af	13. FATHER'S NAME WILLIS VEST KXXKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ng physical properties of the physical	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC.AL SECURITY NO. 17 INFORMANT NO (If you, give wor or dotes of service) NONE LIEM.Orial Hospital, Cumberland, 141d.
PITAL OR ATTENDING PHYSICIAN: The law requires that the death e retained by the hospital ar attending physician. ERAL CTOR: After this certificate has been signed by the attending should be detached far use as the burial-transit permit. Then pleas sistent prior prior prior prior prior transition, ar removal, and in any event within the prior pri	STATE CAUSE OF DEATH Enter only one couse perific Col. (b), and (c)
HOS May be	20. Burial, Cremation, 22b. Date thereof Removal (Specify) Nov. 3, 1956 Laymansville Cemetery Laymansville, W. Va.
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Blaine Schaeffer, Petersburg, Vi. Va. PASEN 1, 1956 While K. Santa, M

BUREAU V. R.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Within corporate limits 9869 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Allegany Jarry and b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest tawn) Cumberland. Cumberland d. NAME OF HOSP-TAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Sacred Heart Hospital Central 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) Hilda DEATH Naughton Trane 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (in years last birthday) 8. DATE OF BIRTH WIDOWED | DIVORCED [Female White 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Former Glerk Store Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Reymolds Verma Jolley IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 212-18-1995 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-1 百万 PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) DUE TO Canditions, if any, which gave rise to immediate DUE TO catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 CERTIF 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d INJURY OCCURRED factory, street, affice bldg, etc.) g, m. While Not while at work at work p. m 21. I certify that I attended the deceased fram alive an and that death accurred at ACTUAL SIGNATURE NAME (Type) Johnson Jr Cumberland 220 BUR AL EREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Oct.XI 13,195 St. Patricks Cemetery Cumber 1 and 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. George.

Allegany c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) e IS RESIDENCE ON A FARM? YES NO T Day Year October 10 19 56. IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSELAND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (State) 4 that I last saw the deceased I.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) 24a. REC'D BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/55

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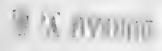
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9.8 €			ME	DICA	LEXAMINE	K'3	CERTIFICAT	IE OF L	EATH	Reg. Dis	e No.	4
adia ati		PLACE OF DEATH	987				2. USUAL RESIDENCE (V	there deserred	thread 16 Invalle			Z
shor		. COUNTY			411			_	b, COUNT			Damission
94	-	CITY OF TOWN	Alleg		MARYL		W • V			IN LIN	eral	
Poge.		and give nearest town)		e RURAL	c. LENGTH OF STAY IN	4.15	e. CITY OR TOWN (IF	outside corpor	ota limits, write	RURAL and	give neore	it town)
Cess o b		Cumber					Ridg	ely				
8 0	(oto , give street address)		d. STREET ADDRESS				e.	ON A FARM?
D.O.A.	a	t the Me r	cordal Ho	spit	al		Carpen	ter's	Addit:	ion	YI	S NO IF
ny delo pero: your fi sgistror		NAME OF DECEASED Type or print)	There		Lee	N	icholson	4. DATE OF DEATH	0ct		Doy 14	Year 19 56
	5. :	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	73: 8.	DATE OF BIRTH	9.	AGE (In years	IFUNDER 1	YEAR IF	UNDER 24 HRS.
- 2 8 E		female	white	WIDOWED		-	July18-195	6	O yrs.	Months D	lays Ho	urs Min.
with w	10a	USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	IDUSTI		or foreign cour		12. CITIZ	EN OF W	HAT COUNTRY?
and	٥	uring most of working	ne even if refired)				Winches	ter, Va	Le	U.	S.A.	
22, and	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	łame .				
es 1		Unl	known				Nettie N	ichols	on			
Poge e po	15.	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT		Address			
c 9 4 7	1,700	no	fit had Bue with or equal or		one	Mr	s.Bessie N	ull, Ri	dgely	.W.Va	•	
E S E E	-	18 CAUSE OF DEAT	H [Enter only one cau	se per line f	or (o), (b), and (c).]						INTERVAL I	JETWEEN
B 18.			H WAS CAUSED BY:		Acute trac	che	al bronchi	tis				days
for for sit 1		4-	DUE TO									
in lin lin lin lin lin lin lin lin lin l		Conditions, if on		P	ulmonary e	ebe	ma (marked	*				
ld 5 nocil		gove rise to immedi (o), stating the us		40	4: .				- 11			
olo alo		couse lost.	(c)	P	etechaial.	sp	ots, lungs	, neart	& th;	ymus		
i ii i	Z	PART II, OTHI	ER SIGNIFICANT CON	DIT.ONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	HALDISEASE C	ONDITION G.V	EN IN PART	1(o) 19. W	AS AUTOPSY
ding Sed of	S										YES	RFORMED?
Ser's	CERTIFICATION	20d. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	ED. (E	her nature of injury in Port	l or Port II of	item 18.)			
o sily p	CER	PRIMARY OF CON CAUSE OF DEATH.	KIBUTING LJ									
wor. T Exc Ba	3	20c. TIME OF INJURY	Y Month, Day, Yes	1		PLAC	E OF INJURY (Home, form	20f. (City or	town)	(Coun	ity)	(Stote)
The Hical	MEDICAL	Hour o.m.	19	While of wor	k ot while	rocto	ry, street, office bldg., etc.	,				
And ing the Media		21. I certify the	ot I took chorge	of the re		obo	re, held on Autops	y lad. Insc	ection 🖼	Inquiry	- International Control	nd find that
EX ief							ide 🔲, Homicide				EG, o	
S G G S S												
S C S		ACTUAL SIGNATURE	4. (2)	Even	reg M. W.		M D CHIEF MEDICAL EX	AMINER _			DA	TE SIGNED
SI SI					-/		ASSISTANT MEDICA	AL EXAMINER				
he he nov		EXAMINER'S NAME (Type)	H.V.Demir	ng M	DY		DEPUTY MED CAL	EXAMINER 1	Oct.1	4-195	6	
DET Je Line	220	BURIAL, CREMATION	N. 226. DATE THEREO		72c. NAME OF CEMETER	Y OR		224 LOCATIO		of couply)		(Shote)
5 2		SWOVAL (Specify)	10/161.	56	Macao	Lo	nia Cem.	Freo	Lerica	¿ CB	1) A.
VS_A15ME(5)	23.	FUNERAL PRECTOR'S	SIGNATURE	9	ADDRESED	,		BY REGISTRAL	245, REGIS	STRAR'S SIGN	ATURE .	1 1
5M 9/55 >	_	Mariante	es Li	Seo	zge, to um	4	Md. DATO	1.15,195	6 11.	K. 1/1	asll	3/1/
		'V	VVVVV	Xv	0 1		- /				U	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 6

HEHAL BECIDENCE (HOME) OF DECEASE

I. PENCE OF	FEATH				ZI OBONE KEDIE	2,102 (110.112) 01 2					
COUNTY	Allegan	7	MARYL	AND	STATE Maryland COUNTY Allegany						
	tside corporete limits, wri		LENGTH OI	STAY	CITY (# outside co	orporete limits, write RURAL	end giva neerest t	own)			
OR and g TOWN	ive neerest town) MCCOOL		(in this pl	vrs.	TOWN MG	Cool					
HOSPITAL O		78 to 107 71	, tel 50,	V - D	STREET		ive location)				
INSTITUTION STREET ADDR		Main			ADDRESS	N. Main					
3. NAME OF	(First)	MGTH	(Middle)		(Last)	4. DATE (Mo	ath) (De	ey) (Year)			
DECEASE (Type or Print	1			-	4 4 4 4	DEATH O	a + T	5.0			
S. SEX	Mary	7. SINGLE, M	Tirginia	B. DATE O	tchett	9. AGE lest birthday	I IF UNDER 1 YE	19 56 AR JIF UNDER 24 HRS			
3. 3th	RACE	WIDOWED	, DIVORCED,					eys Hours Min.			
Female	White		larried		24,1893	62 уп.	1, 1	1			
10e, USUAL OCC	UPATION (Give kind of most of working life, ex	work 10b	. 'KIND OF BUSINES: OR INDUSTRY	5	11. BIRTHPLACE (State or f	oreign country)		TITIZEN OF WHAT			
	ouse wife	At	7		Petersburg	w. Va.					
13. FATHER'S NA					14. MOTHER'S MAID	N NAME					
1	Walter E.	Ervin			Estell	e Welton					
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.					& ADDRESS					
(Yes, no, or unk.)	(If Yes, give wer or d	etas of service)	110	0	Joseph	E. Patchet	t				
	CONTROL OF DIRECTLY	LEADING TO DE		ICAL CER	TIFICATION			INTERVAL BETWEEN ONSET AND DEATH			
I DIZEASES OK	CONDITIONS DIRECTLY	LEADING TO DE	AIII / /	f +	/ 1	1 ~ 1 11	1	ONSEL AND DEATH			
IA	AMEDIATE CAUSE	(A)		(2721 f)	Cegia still	3 relation	-6	17-4			
ANI	TECEDENT CAUSE(S)	DUE TO	0	-j-1/1	0,0						
DISEASES OR CO	ONDITIONS, IF ANY, THE ABOVE CAUSE	(B)	(45	1.6.71.0	100611910	7					
STATING UNDER	LYING CAUSE LAST.	DUE TO									
	CANT CONDITIONS CO		- 11	1125							
	I BUT NOT RELATED TO ONDITION CAUSING DE		0.17.6	it.i 6	bota Mount	b					
19a. DATE OF OF			NGS OF OPERATION	1	l			20. AUTOPSY?			
								YES NO			
210. ACCIDENT A OR CONTRIBUTING (IF EITHER, NOTIFY	WAS UNDERLYING [] G [] CAUSE OF DEATH WEDICAL EXAMINER)	OF INJURY str	(Home, form, fector) eal, office bldg., etc.	2	1c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)			
21d. TIME OF INJ	URY (Month) (Dey)	(Yeer) (Hour)	21e. INJURY OCCU		THE HOW DID INJURY OC	CUR?					
		м.		while							
22. I hereby	y certify that I a	ttended the d	leceased from	****** **********	, 19 54., 10. 6	Jan 19 :	, that I last	saw the deceased			
alive on	10 1 561	9	and that death	occurred at.	10:350.M, from the	e causes and on the	date stated a	bove.			
SIGNATU	URE	1	*		At	DRESS (Street, city, to	wn, stete)	DATE SIGNED			
	* Y	Lu / for	11	M.D.	/1	4 6,4: 111	<i>y</i>	\$6 7 56			
23. BURIAL, CRE REMOVAL (S	MATION, DAT	THERPOF	_	CEMETERY OR		JOCATION (City, toy	m, or county)	(Stefe)			
	& Burial	10/8/56	Wall	kill	Valey	Montgome	ery,	N.Y.			
24. REC'D BY RE	GISTRAR	ISTRAR'S SIGNA	TURE	7 4	25. FUNERAL DIRECTOR	L'S SIGNATURE	ADD	RESS			
DATE 10 - 3	5-56	jean	C. Kel.	ly	Auman	Sword, R	eyser,	W. Va			

VS A15 (4)

Within corporate limin 872 CERTIFICATE OF DEATH Reg. 1	19869 Dist. No. 4
	Diate No.
1 PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residue. Similarly b. County ALLEGANY) MARYLAND D. COUNTY ALLEGANY	dence before admission) GANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give negrest town) 5 DAYS CUMBERLAND CUMBERLAND CUMBERLAND	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) or INSTITUTION MEMORIAL HOSPITAL d. STREET ADDRESS 817 MANN'S TERRACE	e ts residence On a farm? YES NO 2
3. NAME OF DECEASED (Type or print) ROBERT A RITTER OF DEATH OCTOBER	16 Year 56
	ER TYEAR IF UNDER 24 HRS Ogys Hours Min
Foreman Kelly Tire Co. MARYLAND, Lonaconing	U.S.A.
13. FATHER'S NAME ALFRED RITTER 14. MOTHER'S MAIDEN NAME EFFIE GOODWIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Feb. Inc. or unknown) (If yes, give wor or dates of service)	AVENUES IAL & WARWICK
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND PEATH
Canditians, if any, which gove rise to immediate cause (o), stoting the under-lying cause last.	agris
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory. street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 12/1/54, 19, to 10/16/54/19, that I alive on 12/5/5/2, 19 and that death occurred a8:55 A.M. from the causes and an	
ACTUAL SIGNATURE SIGNATURE M.D. COMPLET SIGNATURE	DATE SIGNED
PHYSICIAN'S NAME (Type) DR. RICHARD J. WILLIAMS	1+
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City. town. or county). REMOVAL (Specify) Burial 10/18/56 S. S. Peter & Paules Cumberland, Mary	
VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne corge Cumberland, lid. DATE CT. 1/1956	

ENKEYN A. T.

DECEIVED 300

BUREAU V. E.

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	L		9874	1 CERT	IFICAT	E OF DEATH	1		Reg. Dist. No	4.
m n - 1	1.	PLACE OF DEATH	Allegany	MAR	YLAND 2.	o. STATE		lived. If institution b. COUNTY	nı Residence befo	ore admission)
IG)		RURAL and give neare		e c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporo	te limits, write R	JRAL and give ne	grest town)
	-	d. NAME OF HOSPITAL	rland (If not in hospital, give stri	45yrs		Cumberl d. STREET ADDRESS	يnd			e IS RESIDENCE
		OR INSTITUTION	rrinia eve				inii i	ve.		YES NO T
	3.	NAME OF DECEASED	First	Middle		Lost	4. DATE OF DEATH	Man	h De	ay Year
	5	(Type or print) SEX 16.	COLOR OR RACE 7. M	ADDIED CONTROLLAND		Antalier PATE OF BIRTH		Oct		19 FUNDER 24 HRS.
	1	7_ 1		OWED: NEVER MARK		Se. t.2.1-7	_	lost birthday)	Months Days	Hours Min.
4	10	usual Occupation	(Give kind of work done) I	06. KIND OF BUSINESS						OF WHAT COUNTRY
/	_	Conductor		Railroad		Fairhop		na.	TTTN	
	13	FATHER'S NAME	Classus 1s a	Total Control		4. MOTHER'S MAIDEN N	nheth	Chris	20.7.77	
	15		On Shum Te). 17. INFO		: (CT)	OHPES Addr		
	ΙY	is, no. or unknown]	es, give war or dates of service)	705-00-01		777,	Sha - I	cr.C	' cl'ion	4, 6.
		IB. CAUSE OF DEATH	[Enter only one couse pe	er line for (o), (b), and (c)	1				INT	ERVAL BETWEEN
			WAS CAUSED BY: MEDIATE CAUSE (0)	acute (Dron a	- Occlusion	N-			SET AND DEATH
		420.1	DUE TO	H 1	1 /	2 1 1				
		Conditions, if ony, gove rise to imm	ediote (HH4NWS18	ha pic [andro Van	ar Di	leave.	- Y	617
		lying couse lost.	under- (c)							
	CATION	PART II OTHER	SIGNIFICANT CONDITION		ATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	FICA	20- ACCIDENT MAC	4600	med ago	CCUPOED H		3 B I	1.67 101		YES NOW
	CERTIFI	200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY	occossed (i	enter noture of injury in i	arr I or Farr I	or item (B.)		
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Year 204	d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form, street, affice bldg., etc.	20f. (City o	r town)	(County)	(Stote)
	ME	p. m.	19 of	work ot work	- 1					
		1 1	Tottended the dece			., 19, to				aw the deceased
		alive on 10	061	256, and the	deoth of			the causes o et, city or town, :		te stated above
,		ACTUAL SIGNATURE	Worlning	lechen Kon	M.D	G. OVERTON	HIMMELY	WRIGHT, M.	D.	10/31/56
-		PHYSICIAN'S	T.	- 7		133 \	IRGINIA /	VENUE		
		NAME (Type) G.	O. Himmelwr			PH_ PA 2-62		BEBLAND, M		
		BURIAL, CREMATION, REMOVAL (Specify)	NOV 2.1956	Hillero				ON (City, town, o		(Stote)
	23	FUNERAL DIRECTOR'S 5		ADDRESS	D 0 2 1.		D BY REGISTRA		TRAR'S SIGNATU	RE/
		JELL F. S	Sc rpu 1,		الديرية	DATE	1.195	6 The	trans	to mai
		Vames X.	B(aspell)	2. '	7				Ü	

olikevn K. T.

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1/			- 1 n corporate IIMARYLAND STATE	DEPARTME	NT OF HEALTH	I-BALTIMORI	E, 18	69873
1	•		OR. R. J. WMS. 9875 C	ERTIFICA	TE OF DEATH	4	Reg. Dist. No	14
S Y		1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	nere deceased lived. If in		
dire Led			ALLEGANY	MARYLAND	MARYL MARYL	F COI		
leath,	12),	RURAL and give nearest town)	OF STAY IN 16	CUMBER	outside corporate limits, w	rite RURAL and give ne	arest town)
for d	,	-	d. NAME OF HOSPITAL (If not in hospital, give street address)	33 DAYS	d. STREET ADDRESS	ichio,		
75 OF			OK INSTITUTION	RWICK AVE		MARY STREET		ON A FARM? YES NO X
four in t		3.	NAME OF First	Middle Middle	Lost	4. DATE	Month Do	
1 24 led			DECEASED (Type or print) WILLIAM	Н	SISK	\C	CTOBER 12	1956
		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED [B.	DATE OF BIRTH	1908 9. AGE (In y	COS FUNDER 1 YEAR	IF UNDER 24 HRS.
ers.				DIVORCED [SEPTEMBER	- 1	yrs. Months Days	Hours Min
corr pap	,	, E	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS during most of working life, even if retired)					DE WHAT COUNTRY
ond bon er de	ş		horatory Tec. Textile	e Plant	MAR 14. MOTHER'S MAIDEN N	YLAND Cir h	crlant. S.	Α.
cion car car		-	JAMES SISK			E TUCKER		
fiffice shysic nove		15	WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17 INF	ORMANT	E TOGRER	Address	
ng perel			s. no, or unknown] [If yez, give wor or dates of service)	638 MEN	ORIAL HOSPIT	AL-CUMBERLA	ND. MD.	
death tendi	, 1		18. CAUSE OF DEATH [Enter only one couse per lige for (a). (b),		1-	1	INT	ERVAL BETWEEN
e off	11	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	hore	x 9/	rues	ON	SET AND DEATH
hat 1 yy th Th			58/.0 DUE TO		('	(1-2-to distribution	
res			Conditions, if ony, which gove rise to immediate (b)					
sign sign if pe		Ш	couse (c), storing the <u>under</u> DUE TO lying cause tost.					^
sicion seen seen ransi ransi		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVEN IN PART 1(0)	9 WAS AUTOPSY
he k phy has t rial-i	}	ICAT				-		PERFORMED?
ding ote l		CERTIFICATION		JURY OCCURRED	(Enter noture of injury in P	art I or Port II of item 18	1.)	
CLIA offen on, o			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCUR	20. 0145				
HYS or o is ce use o		MEDICAL	Hour o. p. While Not while	e facto	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	i 20f. (City or town)	(County)	(Stote)
Far the		*	p. m. 'y of work of work	0/0/1	/- 10 · /	10/12/11		
Affr Affr Affr I'dl,		П	21. I certify that I attended the deceased fram.		6. 19, ta	RANGE AL	,that I last so	iw the decease
事業		L	13/19//////	C-	A A	DAMPON the caus	es and an the da	DATE SIGNE
SE IN	1		ACTUAL SIGNATURE	m.	o. Cin	when	Cany!	10/12/51
9 1 3 P			PHYSICIAN'S					7-7-4
SPIT. De re IERA 3 sh 3 sh		22	NAME (Type) Chand J William BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME					
2 6		E	REMOVAL (Specify)	Hill Ce	,	22d. LOCATION (City, to Cumber la		(State)
5 5		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS				REGISTRAR'S SIGNATUR	RE
VS A15 (4) 15M 9/55		Ĺ	ames F. Scarpelli Cumber	l nd, "d.	DATE	15,1956-77	K. Trans	73. M.K

Z.V. VALLEY

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	MIACO OF DEATH	3210		A HELLAL DECIDENCE		eg. Dist. No.
	a. COUNTY		- MARYLAN	11	Where deceased lived. If Institutions b. COUNTY M	
p.rsc.	b. CITY OF TOW	Alleganz			(If outside corporate limits, write RUR	
: 웹시	and give nearest	perland	23 days		ington	ar our disa suriess, sound
.7			not in hospital, give street address	d STREET ADDRESS		e. IS RESIDENC
		ial Hospital				ON A FARM
	3. NAME OF DECEASED {Type or print}	First Sade	Middle	Sloan	4. DATE Month OF DEATH OCT	ooy Year 26 19 56
	5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	Inch footballed	INDER TYEAR IF UNDER 24 HI
	female	11/11/10	VIDOWED DIVORCED	Feb.12-187	9 77 yn.	
1	10a. USUAL OCCUP during most of we HOUS!	ATION (Give kind of work doorking life, even if retired) BWOTK	Own house wo	ustry 33. Birthplace (Sig	te or foreign country) W.Va.	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN		
		ohn Slean			Stimmel	
, e. 11 · c.	15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORC	nce)	. INFORMANT	Address	
	no		none :	Memorial Ho	spital records	
			per line for (o), (b), and (c),]			INTERVAL BETWEEN ONSET AND DEATH
		MMEDIATE CAUSE (a)	Cardiac fai	lure due to	shock	23 days
		fany, which)	Arterioscle	rotic heart	disease with	several
	gave rise to im (a), stating the		mitral sten	osis		
	일		thons contributing to DEATH BUT ht femur at t		MINALDISEASE CONDITION GIVEN I	N PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
		CAUSE MAS 1995	DESCRIBE HOW INJURY OCCURRED	#5-to t	ort 1 or Port II of item 18 1 p	77 4
	IL ING EVERNIAL					
	20g. EXTERNAL PRIMARY OF DEA	TH. Wa	alking onhard	SURFACE POS	id near home, lo	
	20c. TIME OF IN	TH. Wa	20d, INJURY OCCURRED 200 1	SURFACE POS	id near home, lo	(County) (Slote
	200. EXTERNAL PRIMARY OF CAUSE OF DEA	HURY Month, Doy, Year	alking onhard	SURFACE FOR PLACE OF INJURY (Home, for octory, street, office bldg., eghway	id near home, lo	(County) (Slote
=	20c. TIME OF IN Houngs	NURY Month, Day, Year **Oct.3 1956 that I taak charge of	20d. INJURY OCCURRED 20d. While Not while of work discovered at work Hill	SUTTACE TO A PLACE OF INJURY (Home, for octory, street, office bidg., e ghway bave, held an Autar	id near home, lo	(County) (Slote (Ineral W.) Inquiry , and find the
5 .	20c. TIME OF IN Houngs	MURY Month, Day, Year MOct. 3 1956 that I taak charge of the fram: Natural co	20d. INJURY OCCURRED 20d. While Not while of work discovered at work Hill	SUTTACE TO A PLACE OF INJURY (Home, for octory, street, office bidg., e ghway bave, held an Autar	m. 20f. (City or fown) Burlington. Nosy , Inspection , Indeed , Undetermined cous	(County) (Slote (Ineral W.) Inquiry , and find the
val.	20c. EXTERNAL PRIMARY OF CAUSE OF DEAL PRIMARY OF INTERPRIMARY	MURY Month, Day, Year MOct. 3 1956 that I taak charge of the fram: Natural co	While Not while Hi of the remains described a	SUTTACE TO A PLACE OF INJURY (Home, for octory, street, office bidg., e ghway bave, held an Autap Suicide , Hamicia M.D. CHIEF MEDICAL ASSISTANT MEDI	Id near home, lo To le	(County) (Slote (County) (Slote Ineral W.) Inquiry , and find the
smoval.	200. EXTERNAL PRIMARY DOT CAUSE OF DEA 20c. TIME OF IN Hounk & Cause of Dea 21. I certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Type)	H. V. Deming	While on hard 200. INJURY OCCURRED 200. INJURY OCCURRED 200. While of work of work Hill Hill Hill Hill Hill Hill Hill Hil	SUTTACE TO A PLACE OF INJURY (Home, for octory, street, office bidg., e ghway bave, held an Autap Suicide , Hamicid M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	Id near home, lo To a control of the control of th	(County) (State (County) (State (Ineral W.) Inquiry , and find the DATE SIGNED
removal.	200. EXTERNAL PRIMARY DOT CAUSE OF DEA YOU 200. TIME OF IN HOUNG & PRIMARY 21. I certify death result SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL (Spe	H. V. Deming	While Not while of work of the remains described a suses R. Accident	SUTTACE TO A PLACE OF INJURY (Home, for octory, street, office bidg., e ghway bave, held an Autap Suicide , Hamicid M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL OR CKEMATORY	Ad near home, lo m. 20f. (City or fown) Burlington. M. Day	St her balar (County) (Stote Sineral W. Inquiry J., and find the DATE SIGNED (Stote)
removal.	200. EXTERNAL PRIMARY OF CAUSE OF DEA 20c. Time Of In Hounts 21. I certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMA	H.V. Demine H.V. Demine H.V. Det THEREOF Oct. 28-	While Not while of work of the remains described a suses R. Accident	SUTTACE TOA PLACE OF INJURY (Home, for octory, street, office bidg., e ghway bave, held an Autap Buicide , Hamicia M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL OR CREMATORY LY Cemetery	Ad near home, lo m. 20f. (City or town)	(Caunty) (Stote) (Caunty) (Stote) (Caunty) (Stote) (Stote) (Stote)

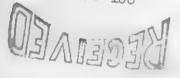
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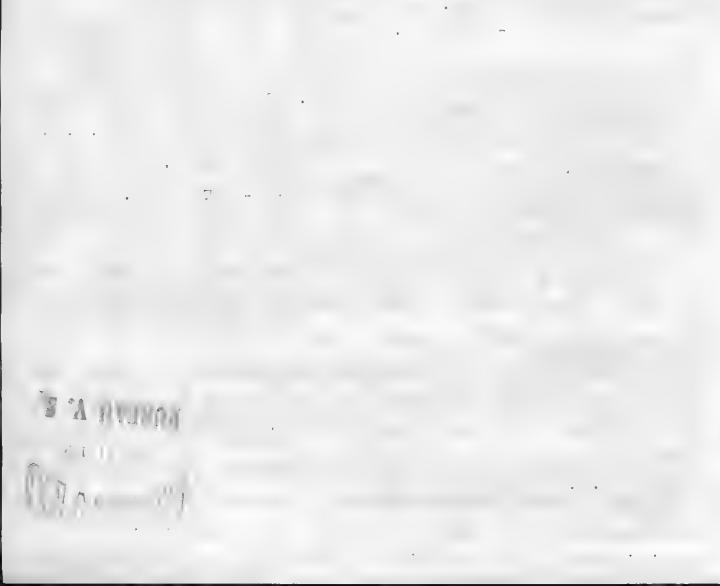
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

White Evn K &

OCT 22 1956





DR. RAN	SOM Thing 8	79 te iim	CERTIFIC	ATE OF DEATH	1—BALTIM 1		Reg. Dist. No.	367/
1. PLACE OF DEA'			MARYLAND	2 USUAL RESIDENCE (WE O. STATE OF WARDEN	rere deceased lived	. If natifulion		- 1
b. CITY OR TOV	VN (If outside corpora	te limits, write	c. LENGTH OF STAY IN 16 2 DAYS	c. CITY OR TOWN (IF C	ELD corporate ti	mits, write RUI	RAL and give nee	grest town)
d. NAME OF H OR INSTITUT	OSPITAL (If not in hosp	ITAL	oddress)	d STREET ADDRESS				e. IS RESIDENT ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	11. 6110 4411	First BABY	Middle G1RL	SOUTHERLY	4. DATE OF DEATH	Month	9	y Year 19 5
5. SEX FEMAL	E WHITE	WIDOWE		B. DATE OF BIRTH	las	t birthdoy) yrs.	Months Days	Hours M
None	working life, even if	work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slove Maryland			U.S.A.	OF WHAT COU
	C. SOUTHE			14. MOTHER'S MAIDEN N				
15. WAS DECEASE [Yes, no. or unknown]	DEVER IN U. S. ARME	stee of service)	social security no. 17.	MEMORIAL HO	SPITAL ME	Addre		ICK AVE
gave rise cause (a), sta lying cause	if any, which to immediate ting the under-	(b) (b) UE TO (c)	ONTERISTING TO DEATH 8	UT NOT RELATED TO THE TERMI	STruc			10 WAS AUTO
20a. ACCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF D	20b. DESC		ED (Enter nature of injury in l				PERFORMED YES NO
20c. TIME OF S		, Year 20d. IN	UURY OCCURRED 20e. F	PLACE OF INJURY (Home, formactory, street, office bldg, etc.	20f. (City or to	wn)	(County)	(5)
01 1	y that I attended	the decease		, 19, to			that I last so	
alive an	Lela	12 22 A	ausous	M.D. 63G2	ADDRESS (Street, o	ity or fown, st	estorla	DATE SI
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	DR. L. R	ANSOM	auson	м.в. 63С	ADDRESS (Street, c	ity or fown, st	whole	DATE S
alive an	DR. L. R	HEREOF		M.D. 6.3GQ	ADDRESS (Street, c	ity or fown, st	county)	(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A RETURNS

9561 ST LDU

TO A TO SING

P. PLACE OF DEATH COUNTY ALLEGANY ANATHAND COUNTY ALLEGANY ALLE	nar same?	MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
DE COUNTY ALLEGANY DE CITY OF TOWN II Goulde corporate limit, write C. LENGTH OF STAY IN 16 C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give nearest forway C. CITY OF TOWN III Goulde corporate limit, write EJERAL and give not C. CITY OF TOWN III GOULDE C. CITY	S CO JOYS I	DR. REITER 9880 CERTIFICATE OF DEATH
A VAM COLHODITAL (I not in hospitol, give liver address) d. STREET ADDRESS A. COLOGO OR SERVE I ALL HOSPITAL BARRY Top or pinal JOHN BARRY First MALE WHITE WIDOWED DIVORCED	7 C 241	1. PLACE OF DEATH a. COUNTY ALLEGANY ALLEGANY ALLEGANY 2. USUAL RESIDENCE (Where deceased lived institution Residence before admiss on) b. COUNTY ALLEGANY
OF INSTITUTO ON A FARM? A COUR OF RACE The MARKIED DIVIDED	SURAL CUMBERLAND' 5 DAYS Rear CUMBERLAND, DULA	
DECEASED IN JOHN BARRY STEGMALER S. SEX	A Part of	OR INSTITUTION A LICENTAL LICE
MALE WHITE WIDOWED DIVORCED OCTOBER 13,1956 lost birthday more and the policy of the p	les 1 an	(Type or print) JOHN BARRY STEGMATER OCTOBER 25 19 56
MEMORIAL HOSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one course per line fos (e), (b), and (e)]. PART I. DEATH WAS CAUSE BY: MAKEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate couse (e), stelling the grider lying couse lost. (c) PATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 WAS AUTOPSY PERFORMED YES NO DE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION	. S.	MALE WHITE WIDOWED DIVORCED OCTOBER 13, 1956 lost birthday) wonths Day Hours Min
MEMORIAL HOSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)]. PART I. DEATH WAS CAUSE BY: MAKEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stelling the grider lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS (C) CONTRIBUTING CONTRIBUTION	death.	CUMBERLAND, MARYLAND U.S.A.
MEMORIAL HOSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one course per line fos (e), (b), and (e)]. PART I. DEATH WAS CAUSE BY: MAKEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate couse (e), stelling the grider lying couse lost. (c) PATT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 WAS AUTOPSY PERFORMED YES NO DE OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION	as offer	JOHN T. STEGMAIER IRIS BORROR
DUE TO Conditions, if any, which gave rise to immediate couse (c), stering the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DO THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED while all work of wor	-Ø _	(Yes, no. or unknown) (If yes, give war or dates of service)
Conditions, if any, which gave rise to immediate cause (a), stating the yader. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO IS	Then please in vent within 72	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) State time obstruction /2 day
The state of the s	. <u>S</u> .⊆	gave rise to immediate cause (a), stating the <u>under</u> DUE TO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while all work of	<u>5</u> 6	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO 15
21. I certify that I attended the deceased from 15th 20, 1954, to 15th 25, 1956, that I last saw the deceased alive an 15th 25, and that death accurred at 15th 20, from the causes and an the date stated about 25th 25th 25th 25th 25th 25th 25th 25t	the bu	
alive an divergence of the desired accurred at the desired above the desired above the desired above the desired accurred at the desired accurred accurred accurred at the desired accurred accu	r use as remation	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. jn. p. m. 19 While Not while at work at wor
ACTUAL SIGNATURE ALPH A. REITER PHYSICIAN'S NAME (Type) RALPH A. REITER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) TO-27-56 St. Mary Com. 23. FUNERAL DIRECTOR'S SIGNATURE 7. CITY ADDRESS 242. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 7. CITY ST. ADDRESS 242. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 7. CITY ST. ADDRESS	nched fo	alive an Dil 25 , and that death accurred at // M. fram the causes and an the date stated about
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial TO-17-56 St. Mary Com. Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE Cumberland, Md.	Mior Mior	
22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buris 1 TO-: 7-56 St. Mary Com. Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE Cumberland, Md. 242. REC'D BY REGISTRAR'S SIGNATURE Cumberland, Md.	3 should	
in 1 Chapter land and a 1/1 / 2 T // /	the reg	Removat (Specify) Rurial TO-: 7-56 St. Mary Cem. Cumberland Md.
	(4) 55	1 Chap, rland, Md.



BULEAU V. 9

by the hospital or attending physician. ECTOR: After this certificate has been signed by the attending physician and cample detached for use as the burial-transit permit. Then please remave carban papers a detached for use as the burial-transit parmit. X

151

1 PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (WI		If institution Resider COUNTY	ice before admissi	on)		
Allegany	MARYLAND	Mar la		Allegar	ny			
b. C TY OR TOWN (If pulside corporate la RURAL and give nearest town)	mits, write c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
Cumperland Md		Cumberland •						
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street oddress)	d. STREET ADDRESS e. IS RESIDEN ON A FAR						
Sacred Hear	rt Hospital	912 G1	enwood St			NO 🔯		
3. NAME OF DECEASED	First Middle	Last	4. DATE OF	Month	Day Y	(ear		
(Type or print) Max	ry Ethel	Steppe	DEATH	October	18 1	956		
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE		TYEAR IF UNDE			
Female White	WIDOWED DIVORCED	10/9	-96 60	yrs Months	Doys Hours	Min		
10a USUAL OCCUPATION (Give kind of worlduring most of working life, even if retire	k done 105 KIND OF BUSINESS OR INT	SUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CI	TIZEN OF WHAT	COUNTRY		
House ife	Own home	Cumber 1	d. "d.	τ.	TCA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME					
Henry	Nose	Managa	ret Parne	11				
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	TEN INTE	Address				
No	None	Husband A	lbert Joh	n Stanna	Same			
18. CAUSE OF DEATH [Enter only one		11030210	mary guit		INTERVAL BET	WEEN		
PART I. DEATH WAS CAUSED BY:	· //www.	iry throw	1. 2-2-6-		ONSET AND	DEATH		
te -/- J DUE T					166	1		
Conditions, if any, which)	SL A							
gave rise to immediate	(0)							
lying couse last.	(c)							
PART II. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM!	NAL DISEASE COND	TION GIVEN IN PAR	T 1(0) 19. WAS A	UTOPSY		
N. C.					PERFOR	RMED?		
PART II. OTHER SIGNIFICANT CO	20b. DESCRIBE HOW INJURY OCCUR	RED (Enter noture of injury in I	Part I or Part II of ite	m 18.)	1 10 0			
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Doy, Y Hour a.m.		PLACE OF INJURY (Home, form	, 20f. (City or town	} (6	County)	(State)		
A Hour a.m.		factory, street, affice bldg., etc	'					
21. I certify that I attended th	a deceased from	10:4-10	18/8	19.5 (That I	last saw that			
alive an 12 1 1	/ /	th accurred at 10:00						
	ressay and manded	_	ADDRESS (Street, city			a abavi		
ACTUAL SIGNATURE	12/1/1/1/1	6/1 /2 .	u V.	//	. (./)/ 10		
311111		M.D	- Vina in mindle of	-tt	-1-5	in-it-		
PHYSICIAN'S NAME (Type) B.M. Schind	ler. M.D.	11 Gree	n St., Cu	mbanland 1	(fa)			
220. BURIAL, CREMATION, 226. DATE THERE			22d. LOCATION (Ci		(State)			
REMOVAL (Specify) Runni: 1 TC-29-		r & Paul		rland, c) .			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'		24b. REGISTRAR'S SK	GNATURE			
James p. Scart.	illi Cu berland,		22/ 156	m. R. M.	to m	1.1.		
		1 4.4167 (10	100 1100	1 0/100	12/3 21/1	10		

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VS A15 (4) 15M 9/55

	200 7 8	MAKTLAND	SIAIE DEPAKIN	TENT OF HEALTH	-BALTIMORE, I	0.000			
		9882	CERTIFIC	ATE OF DEATH	1	19889 Reg. Dist. No. 4			
	1. PLACE OF DEATH o. COUNTY ALLE	GANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA	ND b. COUNTY	n Residence before admission) ALLEGANY			
,	b. CITY OR TOWN (I	f outside corporate limits, write earest town) A ND	3 WEEKS	CUMBERL	AND XXX edc (the French			
	d. NAME OF HOSPIT OP INSTITUTION	AL (If not in hospital, give street MEMORIAL HOSPI		d. STREET ADDRESS WINIFRED RO)AD	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle L •	STE VENS	4. DATE Month OF DEATH OCTOBE				
	5. SEX MALE	WHITE WIDOW		B DATE OF BIRTH JULY 30, 1879		Manths Days Hours Min.			
The same	during most of worl HOUSEHOLD	ON (Give kind of work done 10b. king life, even if retired) OUTLES	KIND OF BUSINESS OR INDE MORTAL HOSPTT	· ·	or foreign country) PENNSYVANIA	12 CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME THOMAS	STEVENS		14. MOTHER'S MAIDEN N	IAME 11 NA BROWN				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (19 yes, give wor or deless of service) ACU-13-5036 MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND								
		ATH (Enter only one cause per li	ne for (o), (b), and (c).]	mention an	il weakness	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if a		onding to C	arcinoma (asending	14			
	gave rise to i couse (a), stating lying couse tost.		Colon			2 yrs			
	PART II. OTH	HER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
	THER, NOTIFY	AS UNDERLYING 20b. DESIGN CAUSE OF DEATH MEDICAL EXAMINER)	CRISE HOW INJURY OCCURR	ED. (Enler nature of injury in f	Part I or Port It of item 18.)				
	20c. TIME OF INJUR Hour o. js.	Y Month, Day, Year 20d. II While at wor	Not while	LACE OF INJURY (Home, farm actory, street, office bldg., etc.	20f. (City or town)	(County) (State)			
	21. I certify the	at Lattended the deceas				that I last saw the deceased			
à E	ACTUAL SIGNATURE	autor Bru	infuel		ADDRESS (Street, city or town, at				
ī	والمستنان المستنا	PRITON BRIN	s Fiero	Cum	bulne 77	2.2			
	220. BURIAL, CREMATIC REMOVAL (Specify)	Oct 27-1956	Rose Hill	OR CREMATORY Cemetery	22d LOCATION (City, town, or Cumber Land				
	85. FUNDAL DIRECTOR	John Mally	ADDRESS Cumberland		D BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE			

Z .V UAZZII.

DA ALES

N. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 99t)3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

09881

	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCS (V	Vhere decess					
-		legany		MARYLAND	o. STATE Md.		b. COUNT	Alle	gany	Ţ	
	b. CITY OR TOWN Till ond give regrest town	logany outside corporate limits, with	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
1	Frosth	urg		l hr.	Frostbu	irg			^		
	d NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS	-			•	ON A FARM?	
	Miners	Hospital			16 Tay	or S			Y	YES NO	
	3. NAME OF DECEASED	Fir	ri .	Middle	Last	4. DATE OF	Month		Doy	Year	
1	(Type or print)	Elmer		LeRoy	Stott	DEATH	Oct	•	20	19 56	
	5. SEX	6. COLOR OR RACE	7. MARRIE	D T NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF	UNDER 24 HRS.	
j	molo	white	WIDOWED	DIVORCED [June 4-1898	3	58 yn.	Months E	Days H	iours Min.	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT							VHAT COUNTRY				
7	Traclman	g life, even if refired)	W.	Md.R.Ry.	Frostbur	g,Md	•	U.	S.A.		
	13. FATHER'S NAME				14. MOTHER'S MAIDEN I	AME					
	John	Stott			Laura	Davis	5				
	15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. H	NFORMANT		Address				
	no	1/10 g	57	9-09-1181 (1	prother) God	lfrey	Stott,	Frost	burg	g,Md.	
		TH [Enter only one cau	se per line i	for (o), (b), and (c).]					INTERVAL ONSET A	L BETWEEN	
	PART 1, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	C	ardiac fail	ire				11.	1/2 hr	
	+20.0	DUE TO									
	Conditions, if o		C	oronary scl	erosis						
	gove rise to immed (o), stating the										
	couse lost.	(c)	A	rterioscler	otic heart	dise	ase		15.3	yrs.	
	FART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART		WAS AUTOPSY	
3	S								YES		
	PART II. OTH	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (E	inter noture of injury in Por	t I or Port II	of item 18.)				
		ALKIBOTHA B									
	20c. TIME OF INJUI	RY Month, Day, Yea			CE OF INJURY (Home, form	20F (City	or town)	(Cour	nty)	(Stote)	
	Hour o.m.	19	While of we	Not while 1003	ory, street, office bldg., etc.	7					
		at I took charge		emains described abo	ve. held an Autops	y	spection **	Inquiry	(THE (and find that	
			_		cide 🔲, Homicide	· - Land	ndetermined c			and initialities	
		111		e~-					-		
	ACTUAL SIGNATURE	1 bolden	21129	111.6.	M.D. CHIEF MEDICAL E	CAMINER [D	ATE SIGNED	
1.	CAN MINISTER		-		ASSISTANT MEDIC	AL EXAMINE	R 🔲				
	EXAMINER'S H	.V.Deming	g M.D	•	DEPUTY MEDICAL	EXAMINER [30ct.20	-1956	,		
	220. BURIAL, CREMATIO			22c. NAME OF CEMETERY OR			TION (City, Iown, o			(Stole)	
	REMOVAL (Specify) Burial	10-22-	56	Percy Cemet	tery	F	rostbur	3,		Md.	
	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	24a. REC	D BY REGIST	RAR 24b. REGIS	RRAR'S SIGI	NATURE	. 10	
	Joseph R	. Durst.	Fros	tburg. Md.	DATE 1/	1-a 2.5	1/2/1/1/2	MALL	1011	1/1/20	

VS. A15ME(5) \

DECENVENT. 8. S. BUKEAU V. S.

	03	ilta	MARYL	AND S	TATE	DEPARTM	ENT OF	HEALT	H-BA	LTIMORE	, 18	(i.	1882
e cornorate.	1111	1112	ME	DICA	L EX	AMINER'	S CERT	IFICA	TE OF	DEATH		ist, No.	4
TO ME I	1,	LACE OF DEATH	900				11	ESIDENCE (Where decea		titution, Reside	ence befor	e admission)
AT _E 1		. COUNTY	Allegar	137		MARYLAND	o. STATE	Mo		b. COU	NTY All	Legai	nv
40.	Į.	. CITY OR TOWN (If a	white corporate mails, writ	e KURAL	c. LENC	OTH OF STAY IN 16	c. CITY C	R TOWN (outside cor	parate limits, w			
00			erland		36	yrs.		Cumb	erla	nd			
		NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	pital, give	street oddress)	d. STREET	ADDRESS				-	ON A FARM?
00		568	Fayette	St.			<u> </u>	568 F	ayet	te St.			YES NO 🖟
	1	NAME OF DECEASED Type or print)	Thomas	" Art	hur	Owen	Swann	zeł	4. DATE OF DEATH	00		26	19 56
	5. 5	EX	6. COLOR OR RACE	7- MARRIE	D 🔲 N	EVER MARRIED	DATE OF BIR	TH		9. AGE Jin years lost birthday)			UNDER 24 HRS
	m	ale	white	WIDOWED	1	DIVORCED [Feb.	21-18	384	72 Y		Days 1	lours Min.
1	100	USUAL OCCUPATION	(Give kind of work	done 10b, K	IND OF I	BUSINESS OR INDUS	IRY 11. BIRTH	PLACE (State	or foreign	country)	12. CITI	ZEN OF	WHAT COUNTRY
reti		d-Warehou				veg Co.	Bl	oomir	ngton	Md.	Ţ	J.S.	Α.
	13.	FATHER'S NAME					14. MOTHER	S MAIDEN	NAME				
		James !	Thomas Sv	yann_			Ma	ry Fi	tzwa	lter J	ones		
		WAS DECEASED EVEL	IN U. S. ARMED FO	RCES? 16. S	SOCIAL S	ECURITY NO. 17.	NFORMANT			Addi			
0		no			14-(05-4775M	es.J.B	Burk	ce. Cu	mberla	nd Md		
		IB. CAUSE OF DEATH	1 [Enter only one cau	se per line f	or (o), (b							INTERVA ONSET A	L BETWEEN
			I WAS CAUSED BY: MMEDIATE CAUSE (o)		Cord	nary oc	clusio	n					dden
		Ly 1.	DUE TO		G		1 3						
		Conditions, if on		'	COP	onary sc	Lerosi	S					3
		gave rise to immedi (o), stating the w											
		couse last.	(c)	L									
	CATION		R SIGNIFICANT CON	DITIONS CO	NTRIBUTI	NG TO DEATH BUT	NOT RELATED T	O THE TERM	NAL DISEAS	E CONDITION	GIVEN IN PAR		WAS AUTOPSY PERFORMED? NO 1
	CERTIF	20g. EXTERNAL CAUSE PRIMARY () or CON CAUSE OF DEATH.	RIBUTING 1	b. DESCRIBE	HOW IN	NURY OCCURRED. (Enter noture of	injury in Por	t I or Port II	of item 18.}			
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yea				CE OF INJURY	(Home, forn	20f. {Cit	y or tawn)	(Co	unity)	(State)
	MEC	Hour o.m.	19	While of war	rk at	of while 100							
		21. I certify the	at I took charge	of the r	emains	described abo	ve, held a	n Autaps	y 🔲, I	nspection [🛊, Inquir	ry 🕸 ,	and find that
		death resulted	fram: Natural	couses 🕏], Ac	cident 🔲, Su	icide 🔲,	Homicide	<u>□</u> , ∪	ndetermine	couse 🔲].	
		1	113			Ta							
		ACTUAL SIGNATURE	1. 1 21	ruch	9 1	11/2	MLD. CHIEF	MEDICAL E	CAMINER _				ATE SIGNED
				ejr (1		ASSIS	ANT MEDIC	AL EXAMINI	ER 🔲			
		EXAMINER'S H.	.V. Deming	M.D	•		DEPU1	Y MEDICAL	EXAMINER	oct.	27-19	956_	
	220	BURIAL, CREMATION REMOVAL (Specify)	, 225. DATE THEREC)F	22c. NAA	ME OF CEMETERY OF	CREMATORY		22d LOCA	TION (City, tow	n, or county)		(Stole)
		Rumi al	Oct. 30	1956	St.s.	Peter &	Paul Ce	emeter	- Cun	perland			
	23.	FUNERAL DIRECTOR'S	SIGNATURE	-,,,-	ADD	PRESS		240 REC	BY REGIS	TRAR 24b. RI	GISTRAR'S SIC	SNATURE	24
7 .		John J. Ha	fer, Cumbe	rland	, Mai	ryland.		6ATE	.29.1	956 71	K. T.E.	uch	A. D.
				Note	4				, , , ,			0	



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

See e toc

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 : cormorate limit 9884 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved If institution: Residence before odmission) a COUNTY g. STATE Allegany **b** COUNTY MARYLAND Maryland Allegany b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) M RJRAL and a ve nearest town) 30 Boone Street. Cumberland. Md. 9/6/56 Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION llegany County Infirmary 30 Boone Street YES NO NAME OF Middle 4. DATE Lost DECEASED Elizabeth Teal October DEATH 10 56 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 10/21/1865 White WIDOWED Female DIVORCED [7] yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? New York, New York U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Neis Peter Wagner 17 INFORMANT P.O.BOX 599 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Cumberland. Md. No. None Allegany County Infirmary Records 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 36/12 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO carse (a), stating the under-220000 lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONPIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES TO NO IT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. Nat while at work at work p. m. 21. I certify that I attended the deceased from 19 that I last saw the deceased and that death occurred at 6 1/3 1/4. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)/ DATE SIGNED ACTUAL 6666 Dr. James E. McLean 49 Greene St., Cumberland, Md. PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d, LOCATION (City, lown, or county) (State) REMOVAL (Specify) Hill Crest Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE James F. Scarpelli Cumberland. Md. VS A15 (4)

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DECENTED

William corpora	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3885
\$ % g	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	4
should b	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before	· ·
iry, p	b. CITY OR TOWN (If outside corporate limit, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	rest fown)
Cesso Du	Cumberland 16 yrs. Cumberland	
ector ector	Council Wood to Toront to 7	ON A FARM?
files or pr		YES NOT
your your egistr	OECEASED (Type or print) Scott H. Tewell DEATH Oct. 22	19 56
± 2002	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days I	F UNDER 24 HRS.
or to sine	male white WIDOWED DIVORCED Nov. 22-1884 71 yrs.	WHAT COUNTRY?
bogg retir	100 USUAL OCCUPATION (Give kind of work dame 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) red-lierchant Grocery store Chaneysville, Pa. U.S.A	
S office of the state of the st	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•
have a second	Johnson Dorwin Tewell Evaline Northcraft	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yan no, or unknown) (If you, give wer or doles of service)	
Giffin Signature of the state o	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	APTINITE.
or P.V.	PART I, DEATH WAS CAUSED BY: Company one light on	AND DEATH udden
fem fem fam	1/263	
i vit	Conditions, if any, which) (b) Coronary Scierosis	?
encil ang uriol	gove rise to immediate cause (o), stating the underlying DUE TO	^ .
o b d b	couse lost. Pulmonary edema (marked) about	
rificate ding:	\frac{1}{2}	PERFORMED?
d per aminer or be		
the world fixed fi	20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) While Not white of work of work of work	(Slote)
Med Med	21. I certify that I took charge of the remains described above, held an Autopsy 🙀, Inspection 💽 Inquiry 🙀,	and find that
Chief Writer	death resulted from: Natural causes & Accident _, Suicide _, Hamicide _, Undetermined cause	
EDICAL PROPERTY OF THE PROPERT	SIGNATURE A 1 / 12 500 6 00 9 711. 1 M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
2 3 3 4 5	ASSISTANT MEDICAL EXAMINER	
the vard	NAME (Type) H. V. Deming M.D. DEPUTY MEDICAL EXAMINER COCT. 22-1956	
o di di	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county)	(State)
F	Burial Oct./25,1956 Rose Hill Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR 246, REGISTRAR 246, REGISTRAR 5 SIGNATURE.	
VS. A15ME(5), 5M 9/55	John J. Hafer, Cumberland, Maryland Cont. 26 1956 M.R. Francis	-m.2
3/1/30	Hafar-	

BUREAU V. S.

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VS A15 (4) 15M 9/55 an i

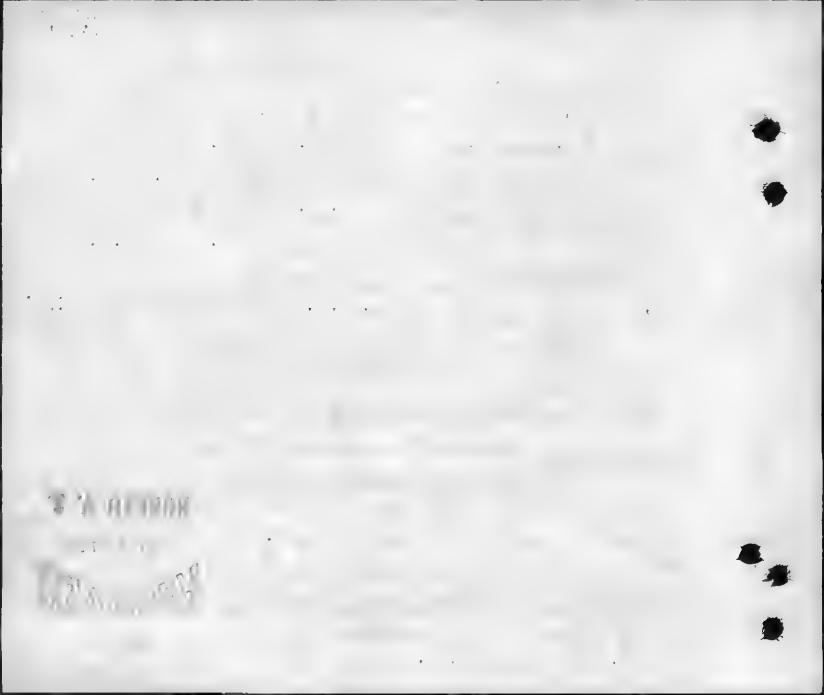
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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Within corporate limits CERTIFICATE OF DEATH

M

			02886
1/5.4	Diet	NA	7

1 PLACE OF DEATH g. COUNTY					2.	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)						
Allegany					AND	o. STATE Maryland b. COUNTY Allegany						
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16					N 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
RURAL and give nearest town) Cumb_rland.						Cumberland.						
d. NAME OF HOSPITAL (If not in hospital, give street address)						d. STREET ADDRESS e. IS RESIDENCE						
632 N. Centre St.						ON A FARM?						
_		UUL IVe										
DECEASED		First Middle			Lost	4. DATE	Mo		Day	Year		
(Type or print) HERBERT		NELSO	M	THOMPSON	DEATH			7,	19 56			
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRI		_	ATE OF BIRTH		9. AGE (In years last birthdoy)			INDER 24 HRS				
Male White WIDOWED		DIVORCED		Jan. 19, 1	914	42 yrs		ays Ho	ours Min,			
100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or (organic country))												
during most of working life, even if retired) Bartender Restaurant						Cumberlard, lid. U. S.						
13. FATHER'S NAME					1	14. MOTHER'S MAIDEN NAME						
Mathias Thompson						Pearl Twigg						
15												
(Yes, no. or unknown) (If yes, give wor or dates of service)												
	No.		al _a	14-05-1022	Turs.	Wm. C. Ne	1sen.a1	Ller 632	N. Cei.	tre	or.,	
				ne for (a), (b), and (c).)	4 1	P	1 . 1		\$	INTERVA	L BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Concertive West fee line										Coo	
	DUE TO											
	Conditions, if any, which) (b) Car pulmonal								10	200-		
	gave rise to immediate								6	20-		
	Coste (o), staring the under-									121	Mar	
z											VAS ALITOPEY	
5	PERFORMED?											
5	YES NO											
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH OR ETHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Doy	Year 20d. It			OF INJURY (Home, for		ly or lawn)	(Cou	unty)	(Stote)	
AED!	Hour a.m.		19 While	Not while	raciary	, street, affice bidg., e	fc.)					
~	p. m. 19 at wark all work 1											
		21. I certify that I attended the deceased from 1936, to 10 1936, that I last saw the deceased										
	alive an 10-6-, 19 16-, and that death accurred at 3:05P M, from the causes and an the date stated above.											
	ADDRESS (Street) city or town, state) DATE SIGNED											
	SIGNATURE / MUNIOR M.D. 57 Melen ()											
											~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	PHYSICIAN'S NAME (Type)	EWIS	1314	126-5		Cum	Auch	eard Al	d			
220	BURIAL, CREMATION	I, 22b. DATE TH	IEREOF	22c. NAME OF CEME	TERY OR CE	EMATORY	122d. 10C/	ATION (City, Iown,	Or county)		(State)	
	REMOVAL (Specify)	10/10/	56	Zion Memo								
_	FUNERAL DIRECTOR'S		00	ADDRESS	21_1(5.1		C'D BY REGIS	berland.	ISTRAP'S SIGN			
	Charles L.	-04	Cumber	land, Md.			1010	51 M	720	1	to my	
				7		DATE	7711	10 11.	11. 1111	4211		



HOSPITAL

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	ORE, 18	69850
25			Within corporate limits 9888 CERTIFICATE OF DEATH	Reg. Di	st. No.
Poge Sprents		. 1.	PLACE OF DEATH O COUNTY ALLEGANY MARYLAND 2 USUAL RESIDENCE (Where deceased lived on STATE MARYLAND b.	COUNTY	LEGANY
de de la		A.	b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limit RURAL and American lown) 33 DAYS CUMBERLAND		
			OR NATION MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES. RT. #3. VALLEY RO	OAD	S RESIDENCE ON A FARM? YES NO X
ded in		3	NAME OF DECEASED (Type or print) ROBERT W. WEAVER DEATH	Month OCTOBER	Day Yeor 8 19 56
Maria Maria	,	5	DOTORTO DE EST	(In years IF UNDER	1 YEAR IF UNDER 24 HRS Doys Hours Min
cutem comple apers		10	MALE WHITE WIDOWED DIVORCED OCIUBER 10, 1899 30. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)	yrs 1	TIZEN OF WHAT COUNTRY/
and or printed or dec	-	13	Self employed Used Car Parts Garrett, Pennsylv	/ania	USA
sician ve ca urs off		L	HENRY WEAVER HATTIE WALTER		
certify 19 phy 1 remo	I		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) 217-10-6790 Nrs. Evelyn Flowers W	AddresRt.	3, Valley ham
edir Perse	` ~		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	CCACI OU	INTERVAL BETWEEN
at the att			PART I. DEATH WAS CAUSED BY. Coronary occlusion BUE TO		ONSET AND DEATH
quirm the			Conditions, if any, which gove rise to immediate couse (a), sloting the under		3 years
I faw re physician is been s at-transit aval, and		CATION	Jying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	PITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO N
All: The nding pi icate has he buria ar rema		CERTIFIC		am 18.}	113 11 110 11
PINTSIC al ar att fhis certii r use as emation,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. 11. Hour a. 11. p. m. 19 at work at work at work 12.	1) (0	County) (Stote)
NDRN= e hospit t: After t ched for voiot, cr			21. I certify that I attended the deceased from 11-12 , 154 , to 10-8 alive on 10-8 , 19.56 , and that death occurred at 12.55 PM, from the control of the c		last saw the deceased
be detr			ACTUAL SIGNATURE PARTIE LO Baccio M.D. 62 Greene St. Cu	y or lown, state]	A DATE SIGNED
retay RAL should			PHYSICIAN'S Ralph W. Ballin, M.D.		1/3
HOSP nay be neggi		22	REMOVAL (Specify)	ity, town, or county).	(Stote)
0 - 2 - =		23	Timber I	24b. REGISTRAR'S SIG	
15M 9/55	E. 434		John J. Hafer Cumberland, Und DATE Ct 11, 1956	11.15.6	many In S.

OBIANTADANA Seri ioc OBIANTADANA

6.8 €	Witi	din corporate limiteMARYLAND STATE DEPARTA	WENT OF HEALTH—BALTIMORE, 18 R'S CERTIFICATE OF DEATH Rea, Dist.	69889
please ex 4 shauld I	1.	PLACE OF DEATH C. COUNTY Allegany MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence	
oge orial	, '	CITY OR TOWN (11 outside corporate limits, write RURAL ond give nearest town) C. LENGTH OF STAY IN 1		
		Cumberland 2 months I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Cumberland	
oy is n directo	<u> </u>	City Jail	d. STREET ADDRESS 118 Harrison St.	e. IS RESIDENCE ON A FARM? YES NO
uneral your egistro		NAME OF First Middle OFCEASED Type or print) Harry William	West DEATH Oct.	3 19 56
= 2	5. :	MANNED THE MANNED TO	foil birthday) Months Dri	
Saine Saine	100	Male white WIDOWED DIVORCED DIVORCED DIVORCED	10ct.12=1928 27 yn.	N OF WHAT COUNTRY?
and 2 and 2	/ <u>r</u>	usual Occupation (Give kind of work done) 10b. KIND OF Herte o r IND uring most of working life, even if refired) 1 tchen mechanic Fort Cumberl	and Neyser, w. va.	S.A.
noy moy	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Pog Ses	15.	Charles Carter WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117	Margaret West	Md
E & B E	/ IYe	no, or unknown) - (f yes, dive wor or dates of service)	(mother) Margaret Vandergrift.	Cumberland
A Sight		18. CAUSE OF DEATH [Enter only one cause per line for (c), (b), and (c).]		INTERVAL BETWEEN ONSET AND GEATH
Der Ted		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ASDNYX18		UNSEL AND OFFIH
th for		DUE TO		
olity on with		Conditions, if ony, which gave rise to immediate couse	n	
shautd n pen s alan a buri		(a), stating the underlying DUE TO cause lost.		
e de	110N	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMEDY
rriffe rrs o	CERTIFICATION	He had been confined in th	e Springfield State Sampital (Enter noture of injury in Part I ar Port II of item 18.)	YES NO
This ce red 'pe comine vold be		CAUSE OF BEATH. Hung himself b	y his shirt in City Jail cel:	1.
the word Sicol Exam e 3 should	11 S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F. Hour a. m. Oct. 3 19 56 of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County octory, street, office bldg., etc.) Ity Jail Cumberland, Alle	,,
AMII Medi Medi	4	21. I certify that I took charge of the remains described a		
writing National Nati		deoth resulted from: Notural causes [], Accident [], S		ing, one mis mes
FDICAL Fiscate, RECTO		ACTUAL H. L. Evening In. R.	CHIEF MEDICAL EXAMINER	DATE SIGNED
* 5 T T			ASSISTANT MEDICAL EXAMINER	
PUT the vard NER NER		EXAMINER'S H.V.Deming M.D.	DEPUTY MEDICAL EXAMINER 0ct.3-1956	
5 to			rowly Cem. Cumberland,	My d.
VS. A15ME(5) ~ 5M 9/55	23-	Syron High, Cumberland	Mark to 5,1956 M. T. Signi	ants m. S.
		7 spir		0 *

A .Y. UALLUM

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Barron

1	mute	لم و	n 5.5	MARYL	AND S	TATE DEPAR	TME	NT OF H	EALTH-	BALTI	MORE, 1	18	09891
g & g	P1566	3		. 9012	DICA	L EXAMINI	ER'S	CERTIF	FICATE	OF DI	EATH	Reg. Dist. 1	1/-
ould moti	/ C333	1.	LACE OF DEATH	0.19				2. USUAL RES	IDENCE (Where	deceased liv	red. If Institut		perfore admission)
short and	12		. COUNTY	Allegan	У	MARY	AND	a STATE	Md.		b. COUNTY		
rial.	- 4	t	. CITY OR TOWN (If outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR	TOWN (If outside	de corporate	imits, write i		
P. P.	Rural		Flintst			60 yrs			al-Flin	tsto	ne		
les es p	D.O.A	• S	acred H	tal or institution (if eart Hospi	tal tal	Pitol, give street address)	d. STREET A	D.#2				e. IS RESTUENCE ON A FARM? YES NO TO
meral o yaur fi	1	3.	NAME OF DECEASED (Type or print)	Russel		Clay	V	ilson	0	ATE F EATH	Month Oct.	. 6	1956
# # # # # # # # # # # # # # # # # # #		5. 5	male	112 -4	7. MARRIE	D NEVER MARRIED		DATE OF BIRTH	00-	9. At los	GE (In years I birthdoy)	Months Days	R IF UNDER 24 HRS. Hours Min.
and 3 to retain d 2 wit	1	10a	USUAL OCCUPATION FOR THE LANDOTE	ON (Give kind of work de ng life, even if retired)		d jobs.	1	Y 11. BIRTHPL	ACE (Stole or for			12. CITIZEN	OF WHAT COUNTRY
2, c		13.	FATHER'S NAME						MAIDEN NAME				
2 5 m 2	1		Thomas	J.Wilson				Eli	zabeth	Rob	inette	3	
Page 9	1)		WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Address		
F. P.			no		22	0-10-0404	(br	other)	Ralph	Wils	on Cun	nberla	nd Md.
P. P. S.				ATH (Enter only one cause	per line f								TERVAL BETWEEN
E E E				TH WAS CAUSED BY:		Coron	ary	occlu	sion				sudden
In Ite with fi			Conditions, if	any, which) (b)		Coron	ary	scler	osis				?
penci alang buria			gave rise to imme (a), stating the couse last.										
og" in Office d as a		CERTIFICATION	PART II. OT	HER SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMINAL D	ISEASE CO	NDITION GIVE	N IN PART I(a)	PERFORMED?
er's c		FICA	20g. EXTERNAL CA	USE WAS 20h	DESCRIBE	HOW INJURY OCCUR	ED IE	ter nature of in	irm in Part Lac	Part It of its	m IR)		YES NO
d pla			20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING []		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rest fer	101 1101010 01 111	jory in roat 1 of	TOTAL TOTAL	m 10.)		
the wa fical Ex		MEDICAL	Hour D. m.	RY Month, Day, Year	While	NOL while k at work	facta	E OF INJURY (Hry, street, office	lome, form, 20 bldg., etc.)	f. (City or to	wn)	(County)	(Stote)
Mec			21, 1 certify t	hat I taak charge	of the r	emains described	abov	e, held an	Autapsy 🗌	, Inspe	ction k ,	Inquiry [, and find the
wri Nief			death resulted	fram: Natural c	auses 🖟], Accident [],	Suic	ide 🔲, H	omicide 🔲	Undet	ermined co	ouse 🔲.	
he Chart			ACTUAL SIGNATURE /	4.1. 6.2	1124	119 711. Ks		M.D. CHIEF M	EDICAL EXAMIN	ER 🔲			DATE SIGNED
3 8	ğ		EXAMINER'S .		_				NT MEDICAL EX	_			
The ord	Ď.		NAME (Type)	H.V.Deming					MEDICAL EXAM	NER 🌁	Oct. 6	5-1956	
9 5 0	Ď.	22a	BURIAL, CREMATIC REMOVAL (Specify	ON, 226, DATE THEREOF		22c. NAME OF CEMETER				-	(City, town, or		(State)
		_	Rurial FUNERAL DIRECTOR	10-0-00		Oddfello	W5 (24a. REGID BY I		latone,		1105
S A15ME	5) 1	13.	H. Lee S			Cumberland	3. M		DATE OF	810 Mi	m-1	TRAP'S SIGNATI	to M.
5M 9/5S	a)	-	т. Бес (1,00%	¥ 11 .	June Carr	.,	~*	UNIEVACUIO	1756	//./	VIUN	2/11/10
				>	41.8	Tr.							

BULLAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate lie CERTIFICATE OF DEATH 9890 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 1. PLACE OF DEATH a COUNTY Allegany b COUNTY Maryland Allegany be-fried. MARYLAND 6.9 will. uneral b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland 10/16/5年 Cumberland d. STREET ADDRESS d NAME OF HOSPITAL (if not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION Allegany County Infirmary ON A FARM? Route #1, Box 489 YES NO X 4. DATE NAME OF Middle Year DECEASED OF DEATH Woods October Terrance (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH lost birthday) Months 30/1870 Days Male White WIDOWED DIVORCED | yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF SUSINESS OR INDUSTRY | II. BIRTHPLACE (State or foreign country) | South Shields, England Retired - Coal Mining | County Derm 12. CITIZEN OF WHAT COUNTRY? U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dorothy Taylor Bernard Woods Address Cumberland. Md. 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT P. Box 599 (If yes, give war or dates of service Allegany County Infirmary Records INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b/L apd (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** 11221 Conditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES TO NO TO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat while While at work at work p. m. 21. I certify that I attended the deceased from 10 . 19____that I last saw the deceased and that death occurred at 10: 40AM, from the causes and on the date stated above. alive on 10/11 ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL Greene St. SIGNATURE Cumberland, Md. James E. McLean NAME (Type) DAT . 22a. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 10/13/56 Md. St Marys Cemetery Lonaconing, Buria ADDRESS 245 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REGID BY REGISTRAR Mid. George Eichhorn Lonaconing 15M 9/55

S'A DIE CHO EI

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15M 9/55

TOC S TOC

PLACE OF DEATH					2 MCMAI DECHNERICS (V	Where deceased li	and If institu	tion. Paridons	a before ad	(mission)
	Allegany		MARYLA	- 11	A STATE			v		
b. CITY OR TOWN IN	culside cornorate limits, write	RURAL			0.200		e limits, write			
Cumb	Berland		35 yrs							
		f not in hos	pital, give street address)		d. STREET ADDRESS				e, IS	RES DENG
	First St.				119 W.Fir	st St.				□ NO3
	Charl	es	Middle Luther			4. DATE OF DEATH				Yeor 19 56
male	white			-	-1 -00	9. A	GE In years is birthday) 68 yrs.			DER 24 H
. USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	one 10b. K	IND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (State	ar foreign counts	7)	12. CITIZE	N OF WHA	T COUNT
Enginee		B	&O.R.Ry.		Prest	on Co.	W.Va.	U	S.A.	
FATHER'S NAME			, ,	1.	4. MOTHER'S MAIDEN N	IAME				
			COCIAL CECUMITY NO. 1	7 16 17 4		lines	4.14			
i, no, or unknown)						T 11			7	7 1
	TH Faler only one cour	e per line f		WII	e)Jennie	ToA6 M		g, cum		
	TH WAS CAUSED BY:			000	lusion		9	- 0	ONSET AND	Irs.
4 30.1							a	Dout		II S +
Conditions, if a	ny, which } (b)		Coronary s	CTE	erosis					
		-	Avaive arm					- 1	7 .	1-
cause last.	(c).									
PART II. OTH	HER SIGNIFICANT CONE	OITIONS CO	INTRIBUTING TO DEATH B	UT NOT	FRELATED TO THE TERM!	NAL DISEASE CO	NDITION GIV	EN IN PART 1	PERF	ORMED?
20g, EXTERNAL CAL PRIMARY ☐ or COR CAUSE OF DEATH.	JSE WAS NTRIBUTING B	. DESCRIBE	HOW INJURY OCCURRE	D. (Ente	ir noture of injury in Port	I or Port II of its	nn 16.)			
Hour e. m.	RY Month, Day, Yea	While	Not while	PLACE foctory,	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or h	own)	(County	7)	(Stote
	not I took chorge			bove	, held on Autops	y , inspe	ction k	Inquiry	₩. and	find t
deoth resulted	from: Notural	auses 🗐	, Accident [],	Suicio	de 🔲, Homicide	, Under	ermined c		Small .	
ACTUAL SIGNATURE	41.6	erite i	114 11/K		A D CHIEF MEDICAL EX	AMINER [DATE	SIGNED
EVALUATEM P			1			AL EXAMINER				
	I.V.Demins	M.D			DEPUTY MEDICAL I	EXAMINER 📑 🕽	ct. 2	9-1956	5	
		F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCATION	(City, town,	or county)	(5+	ofe)
Burial	Oct. 31	1956	Hillcrest F	duri						
FUNERAL DIRECTOR						BY REGISTRAR		STRAR'S SIGNA		
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ADDRESS

24a. REC'D BY REGISTRAR

VS. A15ME(5) SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO D Year 1915 IF UNDER TYEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Ill Molan 19. WAS AUTOPSY PERFORMED? NO TA (County) (State) Inquiry X, and find that DATE SIGNED (State 246. REGISTRAR'S SIGNATURE

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BUREAU V. &

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BUREAU V. E.

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